2006 FOR PROFIT CORPORATION ANNUAL REPORT

5/1

FILED
Jun 09, 2006 8:00 am
Secretary of State

05-01-2006 90448 021 ***150.00

DOCUMENT # P05000074010

1. Entity Name
IBA TRIM CARPENTRY, INC.

Principal Place of Business	Mailing Address
~~192 ANZIO DRIVE~~	~~192 ANZIO DRIVE~~
~~KISSIMMEE, FL 34758~~	~~KISSIMMEE, FL 34758~~

2. Principal Place of Business	3. Mailing Address
500 LAKE CHARLES DR	500 LAKE CHARLES DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
DAVENPORT FLORIDA	DAVENPORT, FLORIDA
Zip 33837 / Country POLK	Zip 33837 / Country POLK

01252006 Chg-P CR2E034 (11/05)

4. FEI Number 06-1747869 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BETANCOURT, ISRAEL 192 ANZIO DRIVE KISSIMMEE, FL 34758	Name Street Address (P.O. Box Number is Not Acceptable): 500 LAKE CHARLES DRIVE City: DAVENPORT FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X _____ 1/26/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $160.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE	D ☐ Delete	TITLE	D/P/T/S ☒ Change ☐ Addition
NAME	BETANCOURT, ISRAEL	NAME	ISRAEL BETANCOURT
STREET ADDRESS	192 ANZIO DRIVE	STREET ADDRESS	500 LAKE CHARLES DRIVE
CITY-ST-ZIP	KISSIMMEE, FL 34758	CITY-ST-ZIP	DAVENPORT, FL 33837
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ 1/26/06 407-209-7472
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #