2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000075698

1. Entity Name

ISLAND AUTOMATIC ENTRANCES, INC.

US



FILED Apr 03, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

3830 68TH AVENUE NORTH PINELLAS PARK, FL 34665 3830 68TH AVE. N.

PINELLAS PARK, FL 34665

US



DO NOT WRITE IN THIS SP	PACE
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04012008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3279089

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NGUYEN, HARRY V 3830 68TH AVENUE NORTH PINELLAS PARK, FL 34665

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THEELENOT PRINCIPLE STOOG			IN THIS SPACE		
	named entity submits this statement for the plans of registered agent.	urpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered	d Agent signature	e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campai Trust Fund Contr			cing	\$5.00 May Be Added to Fees	·
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAWTREY, RICHARD J 3830 68TH AVENUE NORTH PINELLAS PARK, FL				U00000879538 04/15/08-80024-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAWTREY, ROBERT O 87 HOMAN STREET LONDON, ONTARIO, CANADA,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·			•
TITLE ·			1		

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:

STREET ADDRESS CITY-ST-ZIP

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DOLE Date Cayling Phone &