2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2005 08:00 AM **DOCUMENT # P95000056498 Secretary of State** INTER FRAMING INC. Principal Place of Business Mailing Address 424 BISON CIR 424 BISON CIR APOPKA, FL 32712 APOPKA, FL 32712 CR2E034 (10/03) No Chg-P 01172005 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3323873 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LAROCHELLE, LOUIS DO NOT WRITE 424 BISON CIR APOPKA, FL 32712 IN THIS SPACE 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. (NOTE, Registered Agent signature regulred when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME LAROCHELLE, LOUIS 424 BISON CIR STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32712 U00000190183 01/24/05-80124-020 150.00 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 attactment with an address, with all other like empowered.

SIGNATURE: