


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 27, 2004 8:00 am**  
**Secretary of State**

01-27-2004 90005 034 \*\*\*150.00

**DOCUMENT # P98000018361**

1. Entity Name  
 INLAND VACUUM INDUSTRIES, INC.



Principal Place of Business HOWARD AVE #35 CHURCHVILLE, NY 14428 US	Mailing Address HOWARD AVE #35 CHURCHVILLE, NY 14428 US
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44004767



01162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0814666	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

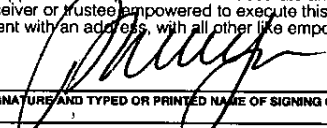
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SALT, COLIN J <del>34 CARRWOOD</del> <i>CYNFOR 34 CARRWOOD</i> <del>KNITSFORD CHESHIRE UK</del> <i>CEMAES DAP ANGLESEY LL67 0NO, UK</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YU, PETER <del>224 RUMFORD ROAD</del> <i>RUMFORD ROAD</i> ROCHESTER, NY 14626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANGEFRIDA, CHARLES 18 SHADYWOOD DRIVE ROCHESTER, NY 14606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHEARD, STEPHEN P 1 ELIZABETH CLOSE MELSALL CHESHIRE UK, <i>cw6 0pj</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12: I hereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.

SIGNATURE:  \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *1/21/04* Daytime Phone #: *585-83-3330*