


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

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



01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0814666

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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

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

FILE NOW!!! FEE IS \$150.00
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

TITLE	DP
NAME	SALT, COLIN J
STREET ADDRESS	CYNFOR CEMAES BAY
CITY-ST-ZIP	ANGLESEY ONO, UK
TITLE	V
NAME	YU, PETER
STREET ADDRESS	224 RUMFORD ROAD
CITY-ST-ZIP	ROCHESTER, NY 14626
TITLE	D
NAME	MANGEFRIKA, CHARLES
STREET ADDRESS	18 SHADYWOOD DRIVE
CITY-ST-ZIP	ROCHESTER, NY 14606
TITLE	S
NAME	SHEARD, STEPHEN P
STREET ADDRESS	1 ELIZABETH CLOSE
CITY-ST-ZIP	MELSALL CHESHIRE UK, cw6 0pj
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/31/06-80009-005 150.00

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: _____ DATE: 01/16/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #