


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2007 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

DO NOT WRITE IN THIS SPACE



01242007 No Chg-P CR2E034 (11/05)

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

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, 2007 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 CYNFOR CEMAES BAY ANGLESEY ONO, UK,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YU, PETER 224 RUMFORD ROAD ROCHESTER, NY 14626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANGEFRIIDA, CHARLES 18 SHADYWOOD DRIVE ROCHESTER, NY 14606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHEARD, STEPHEN P 1 ELIZABETH CLOSE MELSALL CHESHIRE UK, cw6 0pj
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/02/07-80042-019 150.00

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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1/25/07 Daytime Phone #