

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000039600

1. Entity Name
INDUSTRIAL WEB MACHINE INC.



Principal Place of Business
1230 S MYRTLE AVE
STE 305-C
CLEARWATE, FL 33756

Mailing Address
1230 S MYRTLE AVE
STE 305-C
CLEARWATE, FL 33756

DO NOT WRITE IN THIS SPACE

04072007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3581962	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

CHAVANNE, PHILIPPE
1230 S MYRTLE AVE
STE 305-C
CLEARWATE, FL 33756

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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

Signature, typed or printed name of registered agent and title if applicable (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: PSTD
NAME: CHAVANNE, PHILIPPE
STREET ADDRESS: 640 POINSETTIA RD
CITY-ST-ZIP: CLEARWATER, FL 33756

TITLE: VD
NAME: SANGUINETTI, ANGEL
STREET ADDRESS: 640 POINSETTIA RD
CITY-ST-ZIP: CLEARWATER, FL 33756

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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IN THIS SPACE**

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: *Philippe Chavanne* **PHILIPPE CHAVANNE 4/28/07 7274431710**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #