

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000080132

FILED  
Apr 22, 2005  
Secretary of State

Entity Name: SHADES OF DISTINCTION, INC.

## Current Principal Place of Business:

9222 LAZY LANE  
TAMPA, FL 33614

## New Principal Place of Business:

6500 N. FLORIDA AVENUE  
TAMPA, FL 33604

## Current Mailing Address:

9222 LAZY LANE  
TAMPA, FL 33614

## New Mailing Address:

6500 N. FLORIDA AVENUE  
TAMPA, FL 33604

FEI Number: 59-3738005

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ZUCKERMAN, JON  
9222 LAZY LANE  
TAMPA, FL 33614 US

## Name and Address of New Registered Agent:

ZUCKERMAN, JON  
6500 N. FLORIDA AVENUE  
TAMPA, FL 33604 US

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.

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

Electronic Signature of Registered Agent

04/22/2005

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ZUCKERMAN, JON D  
Address: 9222 LAZY LANE  
City-St-Zip: TAMPA, FL 33614

Title: D ( ) Delete  
Name: ZUCKERMAN, CHRIS H  
Address: 9222 LAZY LANE  
City-St-Zip: TAMPA, FL 33614

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: ZUCKERMAN, JON D  
Address: 6500 N. FLORIDA AVENUE  
City-St-Zip: TAMPA, FL 33604

Title: D (X) Change ( ) Addition  
Name: ZUCKERMAN, CHRIS H  
Address: 6500 N. FLORIDA AVENUE  
City-St-Zip: TAMPA, FL 33604

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JON D. ZUCKERMAN

Electronic Signature of Signing Officer or Director

D

04/22/2005

Date