2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P04000126438

1. Entity Name

SHADY SURROUNDINGS INC.



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

Principal Place of Business

27442 SOUTHWEST 164 AVENUE

HOMESTEAD, FL 33031

Mailing Address 27442 SOUTHWEST 164 AVENUE

HOMESTEAD, FL 33031



02162008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-1587518 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

KEITH, TRUPPMAN 1700 SANS SOUCI BLVD NORTH MIAMI EL 33181

DO NOT WRITE

| NONTH MINIMI, I'E 33101 | | | IN THIS SPACE | | | |
|---|--|--|-------------------------------|--------------------------------|--|--------|
| | named entity submits this statement for the pions of registered agent. | ourpose of changing its registered | office or r | egistered agent, or bo | th, in the State of Florida. I am familiar with, and | accept |
| SIGNATURE_ | Signature, typed or printed name of registered agent and title | d applicable. (NOTE: Registered) | gent elgnatun | required when reinstating) | DATE | - |
| FiLE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | Election Campaign Finance Trust Fund Contribution. | ing 📙 | \$5.00 May Be Added to Fees | U000001444544 03/07/06-80005-024 150.00 | |
| 10. | OFFICERS AND DIREC | CTORS | | | | |
| TITLE STREET ADDRESS CHY-ST-ZIP TITLE NAME | PVST SMITH, JASON P 27442 SOUTHWEST 164 AVENUE HOMESTEAD, FL 33031 D SMITH, JASON P | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 27442 SOUTHWEST 164 AVENUE HOMESTEAD, FL 33031 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | DO NOT WRITE IN THIS SPACE | | | |
| name Street address City-ST-ZIP | | | | | | |
| TITI E | | l l | | | | |

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the informatic 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 direct 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 to or Block to changed, or on an attachment with an address, with all other like empowered.

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