


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90040 041 \*\*\*150.00

**DOCUMENT # P04000163039**

1. Entity Name  
**RIDGE TINTING INC.**



Principal Place of Business  
**330 SCENIC HIGHWAY S.  
 LAKE WALES, FL 33853**

Mailing Address  
**330 SCENIC HIGHWAY S.  
 LAKE WALES, FL 33853**


**50003834**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



03022006 Chg-P CR2E034 (11/05)

4. FEI Number  
**54-2492521**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DAVE, AKSHAY  
 281 RUBY LAKE LANE  
 WINTER HAVEN, FL 33884**

7. Name and Address of New Registered Agent

Name  
*Joseph Valente*

Street Address (P.O. Box Number is Not Acceptable)  
*330 scenic Highway S.*

City *Lake Wales* **FL** Zip Code *33853*

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: *Joseph Valente (Joseph Valente)* DATE: *3/17/06*

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	P	<input type="checkbox"/> Delete
NAME	VALENTE, JOSEPH	
STREET ADDRESS	330 SCENIC HIGHWAY S.	
CITY-ST-ZIP	LAKE WALES, FL 33853	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VALENTE, CHRISTINE	
STREET ADDRESS	330 SCENIC HIGHWAY S.	
CITY-ST-ZIP	LAKE WALES, FL 33853	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Joseph Valente* DATE: *3/17/06* DAYTIME PHONE #: *813-293-0816*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR