


**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P93000066695</b> 1. Entity Name <b>SHADES OF NAPLES, INC.</b>	
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Principal Place of Business <b>960 HIDDEN HARBOUR DRIVE          NAPLES, FL 34109 US</b>	Mailing Address <b>539-105TH AVENUE N          539 105TH AVE N          NAPLES, FL 34108 US</b>
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DO NOT WRITE IN THIS SPACE

04202006	No Chg-P	CR2E034 (11/05)
4. FEI Number <b>65-0434951</b>	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>PATRICK FABBRINI          960 HIDDEN HARBOUR DRIVE          NAPLES, FL 34109</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
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. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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000000547981  
05/12/06-80047-001 150.00

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	FABBRINI, PATRICK
STREET ADDRESS	960 HIDDEN HARBOUR DRIVE
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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: Patrick Fabbrini Date: 4/20/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR