
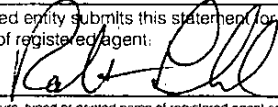
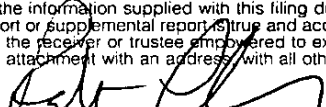


# 2006 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90050 038 \*\*\*150.00

<b>DOCUMENT # S86755</b>					
1. Entity Name <b>SUNSTATE DRAPERY SERVICES, INCORPORATED</b>					
Principal Place of Business 3830 S NOVA RD SUITE C-4 PORT ORANGE FL 32127 US		Mailing Address 3830 S NOVA ROAD SUITE C-4 PORT ORANGE FL 32127 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3088781</b>	
Zip		Zip		Country	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LABIAK, ROBERT P. 2005 S RIVERSIDE DR #15 EDGEWATER FL 32141</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable) <b>412 PHILLIPS CREEK LANE</b>		
			City <b>NEW SMYRNA BEACH</b>		FL Zip Code <b>32168</b>
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 		<b>ROBERT LABIAK</b>		<b>PRESIDENT</b>	
				<b>2-8-06</b>	
				DATE	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LABIAK, ROBERT P.		NAME		
STREET ADDRESS	1327 WAYNE AVE.		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRIVA BEACH FL 32168		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LABIAK, ELIZABETH M.		NAME		
STREET ADDRESS	2126 S. RIVERSIDE DR.		STREET ADDRESS		
CITY-ST-ZIP	EDGEWATER FL 32141		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LABIAK, PAMELA E.		NAME		
STREET ADDRESS	233 E. 89TH ST., APT 2C		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10128		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		<b>ROBERT LABIAK</b>		<b>2-8-06</b>	
				<b>386 761 9499</b>	
				Date Daytime Phone #	