

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000006298

FILED
Apr 27, 2007
Secretary of State

Entity Name: SHADE TREE CUSTOM PRODUCTS, INC

Current Principal Place of Business:

7931 SW 131 AVE
MIAMI, FL 33183

New Principal Place of Business:

134 BROOKSIDE DRIVE
CANTON, NC 28716

Current Mailing Address:

7931 SW 131 AVE
MIAMI, FL 33183

New Mailing Address:

134 BROOKSIDE DRIVE
CANTON, NC 28716

FEI Number: 04-3599719

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THERIAULT, MARK E SR.
7931 SW 131 AVE
MIAMI, FL 33183 US

Name and Address of New Registered Agent:

THERIAULT, MARK E SR.
522 SW JEANNE AVENUE
PORT SAINT LUCIE, FL 34953 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: MARK E THERIAULT SR

04/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THERIAULT, MARK E SR.
Address: 7931 SW 131 AVE
City-St-Zip: MIAMI, FL 33183

Title: S () Delete
Name: FLETCHER, MICHAEL ANDREW
Address: P.O. BOX 163456
City-St-Zip: MIAMI, FL 33116

Title: V () Delete
Name: KEMPER, BARRY
Address: 5505 WEST 13TH COURT
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: THERIAULT, MARK E SR.
Address: 134 BROOKSIDE DRIVE
City-St-Zip: CANTON, NC 28716

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARK E THERIAULT SR

P

04/27/2007

Electronic Signature of Signing Officer or Director

Date