


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 02, 2007 08:00 AM
Secretary of State**

DOCUMENT # L68795 1. Entity Name A SHADE BETTER, INC.	
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Principal Place of Business 2481 MCMULLEN BOOTH RD #L CLEARWATER, FL 33759 US	Mailing Address 2481 MCMULLEN BOOTH RD #L CLEARWATER, FL 33759 US
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01222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0187199	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LACCABUE, RICHARD 2481 MCMULLEN BOOTH ROAD #L CLEARWATER, FL 33759
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LACCABUE, RICHARD 507 WEST BOROUGH LANE SAFETY HARBOR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LACCABUE, MARY ANNE 507 WEST BOROUGH LANE SAFETY HARBOR, FL
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02/07/07-80072-007 150.00

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IN THIS SPACE**

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: Mary Anne Laccabue Mary Anne Laccabue 1-50-07 727-7446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #