2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L79691

FILED Jul 08, 2005 Secretary of State

Entity Name: SHADY LADY WINDOW TREATMENTS INC

Lillity Nai	iie. Onad				
Current P	rincipal Pla	ce of Business	:	New Principal Place	e of Business:
	DE CENTER	R WAY			
STE 4 NAPLES, F	FL 34109	US			
Current M	lailing Add	ress:		New Mailing Addres	ss:
	DE CENTER	R WAY			
STE 4 NAPLES, F	FL 34109	US			
El Number:	65-0205259	FEI Number	Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address o	f Current Regis	stered Agent:	Name and Address	of New Registered Agent:
2671 AIRP STE #302	Г, JOSEPH I ORT ROAD FL 34112 U	SOUTH			
2671 AIRP STE #302 NAPLES, F The above n the State	ÓRT ROAD FL 34112 L named enti e of Florida. RE:) SOUTH JS ty submits this s			ed office or registered agent, or botl
2671 AIRP STE #302 NAPLES, F The above n the State	ÓRT ROAD FL 34112 L named enti e of Florida. RE:) SOUTH JS ty submits this s	tatement for the of Registered Ag		ed office or registered agent, or botl Date
2671 AIRP STE #302 NAPLES, F The above n the State SIGNATUF n accordance	ÓRT ROAD FL 34112 L named enti e of Florida. RE: Electi ce with s. 607	O SOUTH JS ty submits this s ronic Signature of	of Registered Ag		
2671 AIRP STE #302 NAPLES, F The above n the State SIGNATUF n accordance	ÓRT ROAD FL 34112 L named enti e of Florida. RE: Electi ce with s. 607	O SOUTH JS ty submits this s ronic Signature of the condity of the condition of the	of Registered Ag	ent ot receive the prior notice.	
2671 AIRP STE #302 NAPLES, F The above n the State SIGNATUF n accordance	ORT ROAD FL 34112 L named enti e of Florida. RE: Electi ce with s. 607 npaign Finance	o SOUTH JS ty submits this s ronic Signature (.193(2)(b), F.S., the bing Trust Fund Co ECTORS: () Delete PETER L., BELL CIR	of Registered Ag	ent ot receive the prior notice.	Date

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ELIZABETH HUNZIKER DST 07/08/2005