2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State
04-10-2006 90303 028 ***150.00

DOCUMENT # P02000106169

1. Entity Name
INNOVATIVE SHADE SYSTEMS, INC.

Principal Place of Business	Mailing Address
2924 N. BELMONT LANE COOPER CITY, FL 33026	2924 N. BELMONT LANE COOPER CITY, FL 33026

60024547

03122006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
8649 Blaze Court		8649 Blaze Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Davie, FL.		City & State: Davie, FL	
Zip: 33328	Country: USA	Zip: 33328	Country: USA

4. FEI Number: 55-0802979 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAYE, HOWARD
2924 N. BELMONT LANE
COOPER CITY, FL 33026

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 8649 Blaze Court
City: Davie FL Zip Code: 33328

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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KAYE, HOWARD 2924 N. BELMONT LANE COOPER CITY, FL 33026	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	8649 Blaze Court Davie, FL, 33328	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: H. Kaye 3/18/06 (954) 895-2198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Howard Kaye, President