


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90042 012 \*\*\*150.00

<b>DOCUMENT # P02000106169</b> 1. Entity Name <b>INNOVATIVE SHADE SYSTEMS, INC.</b>																											
Principal Place of Business <b>1321 SE 1 AVENUE DEERFIELD BEACH, FL 33441</b>		Mailing Address <b>1321 SE 1 AVENUE DEERFIELD BEACH, FL 33441</b>																									
2. Principal Place of Business - No P.O. Box # <b>11142 Chandler Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>11142 Chandler Drive</b> Suite, Apt. #, etc.																									
City & State <b>Cooper City, FL</b> Zip <b>33026</b> Country <b>USA</b>		City & State <b>Cooper City, FL</b> Zip <b>33026</b> Country <b>USA</b>																									
4. FEI Number <b>55-0802979</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>RICCO, STEPHEN F 1321 SE 1ST AVENUE DEERFIELD BEACH, FL 33441</b>		7. Name and Address of New Registered Agent Name <b>Howard Kaye</b> Street Address (P.O. Box Number is Not Acceptable) <b>11142 Chandler Drive</b> City <b>Cooper City</b> <b>FL</b> Zip Code <b>33026</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>Howard Kaye</b> <i>[Signature]</i> <b>4/17/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
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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: <b>Howard Kaye</b> <i>[Signature]</i> <b>4/17/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/17/07</b> Daytime Phone # <b>(954) 450-0116</b>																									

*Howard Kaye, President*