2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005
Secretary of State

DOCUMENT# P03000013321

Entity Name: FLORIDA TROPICAL SHADES, INC.

Current Principal Place of Business:

500 BELZ OUTLET BLVD
STE 810A
SAINT AUGUSTINE, FL 32095 US

New Principal Place of Business:

Current Mailing Address:

3010 AQUA VISTA LN. #104
ST. AUGUSTINE, FL 32084

New Mailing Address:

20 DAVIS STREET
ST. AUGUSTINE, FL 32084

FEI Number: 65-1161021 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCLAIN, JOHNNY W II
20 DAVIS STREET
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MACPHERSON, DEBORAH L
Address: 3010 AQUA VISTA LN. #104
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MCCLAIN, JOHN W
Address: 20 DAVIS STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

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: JOHN MCCLAIN P 05/31/2005

Electronic Signature of Signing Officer or Director Date