

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000074025

Entity Name: OVIEDO CHIC SHADES, INC.

FILED
Jan 13, 2006
Secretary of State

Current Principal Place of Business:

9200 SHADOW PINAR CT
ORLANDO, FL 32825

New Principal Place of Business:

195 EAST MITCHELL HAMMOCK ROAD
OVIEDO, FL 32765

Current Mailing Address:

9200 SHADOW PINAR CT
ORLANDO, FL 32825

New Mailing Address:

195 EAST MITCHELL HAMMOCK ROAD
OVIEDO, FL 32765

FEI Number: 20-2882383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHACK, NORMAN R
9200 SHAWOW PINAR CT
ORLANDO, FL 32825 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: SCHACK, NORMAN R
Address: 9200 SHADOW PINAR CT
City-St-Zip: ORLANDO, FL 32825

Title: VS () Delete
Name: DAWSON SCHACK, GRACE E
Address: 9200 SHADOW PINAR CT
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: NORMAN R SCHACK

PRES

01/13/2006

Electronic Signature of Signing Officer or Director

Date