## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000117386

Entity Name: LAMP REPAIR & SHADE STUDIO, INC.

FILED Jun 25, 2009 Secretary of State

| Current Principal Place of Business:          |  |   | New Principal Plac                          | New Principal Place of Business:            |  |
|---|--|---|---|---|--|
| 3233 BAY<br>TAMPA, F                          |  |   |   |   |  |
| Current Mailing Address:                      |  |   | New Mailing Addre                           | ess:  |  |
| 3233 BAY<br>TAMPA, F                          |  |   |   |   |  |
| FEI Number                                    | : 84-1689574                                     | FEI Number Applied For ( )  | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )           |  |
| Name and Address of Current Registered Agent: |  |   | Name and Address                            | Name and Address of New Registered Agent:   |  |
| BLOCKEF<br>3233 BAY<br>TAMPA, F               | TO BAY   | JS  |   |   |  |
|   | e named entity<br>e of Florida.                  | y submits this statement for the p                                      | ourpose of changing its registe             | red office or registered agent, or both,    |  |
| SIGNATU                                       |  |   |   |   |  |
|   | Electro  | onic Signature of Registered Ag   | ent   | Date  |  |
|   |  | 193(2)(b), F.S., the corporation did noing Trust Fund Contribution ( ). | ot receive the prior notice.                |   |  |
| OFFICERS AND DIRECTORS:                       |  |   | ADDITIONS/CHAN                              | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | PD (<br>BLOCKER, S<br>3233 BAY TO<br>TAMPA, FL 3 | D BAY   | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                     |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | V (<br>BLOCKER, J.<br>3233 BAY TO<br>TAMPA, FL 3 | BAY BLVD  | Title:<br>Name:<br>Address:<br>City-St-Zip: | ()Change ()Addition                         |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | M (<br>BLOCKER, J<br>3233 BAY TO<br>TAMPA, FL 3  | BAY BLVD  | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                       |  |

I hereby certify that the information supplied with this filing does not qualify 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: JAMES K. BLOCKER 111 VP 06/25/2009