2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Sep 11, 2006 8:00 am Secretary of State

DOCUMENT # P05000153970 1. Entity Name INNOVATIVE SHADING INC.								08-11-2006 90001 034 ***158.75					
Principal Place of Business				Mailing Address				1					
2607 SOUTH WOODLAND BLVD.				2607 SOUTH WOODLAND BLVD.									
292 Deland, Fl. 32720 US				292 Deland, fl 32720 U\$									
2. Principal Place of Business			- 3	3. Mailing Address									
Suite, Apt. W, etc.				Suite, Apt. #, etc.				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
								07302006	Chg-P		034 (11/05)		
City & Slate				City & State				1 20°	<u> 5828</u>	150	<u> </u>	pplied For of Applicable	
Zip		Country		Zip	Coun	ntry		5. Certificate	of Status Desired	· 🗗	\$8.75 Add		
6. Name and Address of Current R							7. Name and Address of New Registered Agent						
SŌTO GA	SOTO, GABRIEL						Name						
511 ELDRON AVE DELTONA, FL 32738					Street Address (P.O. Box Number is Not Acceptable)								
	• -												
						City				FL	Zip Cod	le	
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 Statement agent.													
the obligations cyrigatered agent.													
SIGNATURE,	Signatura, types	or printed name of the	20'40 NOT 20'0	September (IX	OTT. Registern	id Agont signature	requirec	when remsizing)		DATE		i	
FILE NOWIN FEE (\$ \$150.00 9. Election Campaign Financing Due by September 6, 2006 Trust Fund Contribution.								00 May Be	In accordance corporation d	e with s. 607	'.193(2)(b), e the prior	F.S., the notice.	
10.		OFFICE	RS AND DIR	FCIORS			ADDITIONS	CHANGES TO C	FEICERS AND	DIRECTOR	S IN 11		
TITLE	P	0.7102		DIRECTORS 11.		E		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1			Addition		
HALLE		O, MARILYN C			ε						_		
STREET ADDRESS City+St-Zip		KE VICTORIA (, FL 32724	CIRCLE		EET ADORESS '-ST-ZIP								
TITLE	VP		-	☐ Ocrete	Ε					☐ Change	☐ Addition		
NAME	ROSARIO, PETER				E					_ •	_		
STREET ADDRESS CITY-ST-ZIP	l .				ET ADDRESS '-ST-ZIP								
TITLE	OCD IVO	76 36724	<u> </u>	☐ Delore	Delote TITLE						☐ Change	☐ Addition	
NAME				_ 5345	NAME								
STREET ADDRESS CITY-ST-EP						ET ADDRESS -ST-Z/P							
TITLE	<u> </u>			☐ Delate	Tinti				 -		☐ Change	Addition	
NAME	}			_ 54.54	NAM	ì					,		
STREET ADDRESS						EET ADDRESS							
CITY-ST-ZIP	 		·-·-	☐ Detere	1171	- 51 - ZIP					☐ Change	☐ Addition	
NAME				Describ	NAM	i					C c.migc		
STREET ADDRESS	ĺ					ET ADDRESS						}	
CITY-ST-ZIP				☐ Delete	JIR.	- S1 - 20P					☐ Change	Add4ion	
NAME]				NAM								
STREET ADDRESS	1					LET ADORESS '-ST-ZIP						ļ	
CHY-S1-ZIP	continue that the	ne information con	nlind with this	s filing does not qualify			ntained	in Chanter 11	Slorida Statuto	L huther cor	life that the i-	cformation	
indicated	on this repo	nt 🛊r supplementa	d report is tru	e and accurate and the	ı my signa	iture shall hav	re the s	same legal etter	ot as if made und	er oath; that i	am an officer	or director	
of the corporation of 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 altacement with an address, with all other like empowered.													
SIGNATURE: SCHATORE AND TYPED OF PRINTED MANE OF SIGNING OFFICER OR DIRECTOR													
1			1 ' ' ""										