
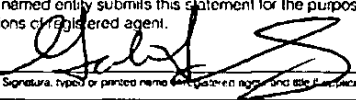


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

8/1

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

08-11-2006 90001 034 \*\*\*158.75

<b>DOCUMENT # P05000153970</b>					
1. Entity Name <b>INNOVATIVE SHADING INC.</b>					
Principal Place of Business <b>2607 SOUTH WOODLAND BLVD. 292 DELAND, FL 32720 US</b>			Mailing Address <b>2607 SOUTH WOODLAND BLVD. 292 DELAND, FL 32720 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>203828150</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>SOTO, GABRIEL 511 ELDRON AVE DELTONA, FL 32738</b>				7. Name and Address of New Registered Agent	
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.				Name	
SIGNATURE: 				Street Address (P.O. Box Number is Not Acceptable)	
Signature, typed or printed name for registered agent, and title (if applicable)				City	
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	ROSARIO, MARILYN C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		314 W LAKE VICTORIA CIRCLE		NAME	
STREET ADDRESS		DELAND, FL 32724		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	VP	ROSARIO, PETER	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		314 W LAKE VICTORIA CIRCLE		NAME	
STREET ADDRESS		DELAND, FL 32724		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: 				8/1/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	