2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000018836

Entity Name: SHADE SAILS OF FLORIDA, INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1821 NORTH J TERRACE LAKE WORTH, FL 33460

Current Mailing Address: New Mailing Address:

1821 NORTH J TERRACE LAKE WORTH, FL 33460

FEI Number: 20-4221207 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FIELDS, PRESTON J SR ESQ HARRIS, LISA 11211 PROSPERITY FARMS ROAD STE C-301 1821 N. J TERRACE

PALM BEACH GARDENS, FL 33410 US LAKE WORTH, FL 33460 US

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: LISA HARRIS 04/28/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 HARRIS, LISA R
 Name:
 HARRIS, LISA R

 Address:
 PO BOX 1061
 Address:
 1821 N. J TERRACE

 City-St-Zip:
 LAKE WORTH, FL 33460
 City-St-Zip:
 LAKE WORTH, FL 33460

Title: SD () Delete Title: () Change () Addition

 Name:
 HOWELL, FRANKLIN D
 Name:

 Address:
 13026 COMPTON RD.
 Address:

 City-St-Zip:
 LOXAHATCHEE, FL 33470
 City-St-Zip:

Title: TD () Delete Title: TD (X) Change () Addition

Name:HARRIS, KENNETHName:HARRIS, KENNETH GAddress:1821 N. J TERRACEAddress:1821 N. J TERRACECity-St-Zip:LAKE WORTH, FL 33460City-St-Zip:LAKE WORTH, FL 33460

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: LISA HARRIS PRES 04/28/2009