2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000038719

Entity Name: SKY SHADES OF FLORIDA, INC.

13949 W HILLSBOROUGH AVENUE

TAMPA, FL 33635 US

Address:

City-St-Zip:

FILED Apr 11, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 13949 W HILLSBOROUGH AVENUE SUITE 7 TAMPA, FL 33635 **New Mailing Address: Current Mailing Address:** 13949 W HILLSBOROUGH AVENUE SUITE 7 TAMPA, FL 33635 US FEI Number: 20-4519772 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: BAHR, LESLIE 13949 W HILLSBOROUGH AVENUE SUITE 7 TAMPA, FL 33635 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BAHR, LESLIE Name: Name: 13949 W HILLSBOROUGH AVENUE Address: Address: City-St-Zip: TAMPA, FL 33635 US City-St-Zip: Title: D,VP Title: () Change () Addition () Delete Name: POSTILL. MICHAEL 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: LESLIE BAHR P/D 04/11/2007