

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000101681

Entity Name: O'SHADES, INC.

FILED
Apr 20, 2007
Secretary of State

Current Principal Place of Business:

12704 CORRAL ROAD
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

12704 CORRAL ROAD
TAMPA, FL 33626

New Mailing Address:

FEI Number: 20-5367821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKE, WILLIAM A
12704 CORRAL ROAD
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: BURKE, WILLIAM A
Address: 12704 CORRAL ROAD
City-St-Zip: TAMPA, FL 33626

Title: D () Delete
Name: SHEMWELL, COLLEEN
Address: 410 EVERGREEN DRIVE
City-St-Zip: OLDSMAR, FL 34677

Title: D () Delete
Name: GARCIA, KIM
Address: 14709 ISBELL LANE
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: FOSS, KELLY
Address: 12704 CORRAL ROAD
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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: WILLIAM BURKE

PRES

04/20/2007

Electronic Signature of Signing Officer or Director

Date