## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000116894

SD

Name:

Address: City-St-Zip: OTTO, MULLER

555 CANAL ROAD

( ) Delete

PONTE VEDRA BEACH, FL 32082 US

Entity Name: AIR SHADE AMERICA INC

FILED Jan 29, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 555 CANAL ROAD PONTE VEDRA BEACH, FL 32082 **Current Mailing Address: New Mailing Address:** 555 CANAL ROAD PONTE VEDRA BEACH, FL 32082 FEI Number: 03-0605015 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: GLAZIER & GLAZIER, P.A 8825 PERIMETER PARK BOULEVARD SUITE 504 JACKSONVILLE, FL 32216 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 BERNARD, DAVID Name: Name: 555 CANAL ROAD Address: Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 US City-St-Zip: Title: VD Title: () Delete () Change () Addition Name: BARRATT, KEITH Name: 555 CANAL ROAD Address: Address: PONTE VEDRA BEACH, FL 32082 US City-St-Zip: City-St-Zip: Title: Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MULLER OTTO SD 01/29/2008