

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000021382

FILED  
Aug 29, 2007  
Secretary of State

Entity Name: SHADES OF LIGHT GALLERY, INC.

**Current Principal Place of Business:**

613 E. LAS OLAS BLVD.  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

613 E. LAS OLAS BLVD.  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

FEI Number: 65-0574734      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LIVERPOOL, RUTH  
4974 N UNIVERSITY DR  
LAUDERHILL, FL 33319      US

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

ISCHAY, TIM  
1975 E. SUNRISE BOULEVARD  
805  
FT. LAUDERDALE, FL 33304 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: TIM ISCHAY

08/29/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: SOTIRE, COLLEEN  
Address: 613 E. LAS OLAS BLVD.  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VP      ( ) Delete  
Name: SOTIRE, RIK  
Address: 613 E LAS OLAS BLVD  
City-St-Zip: FT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: SOTIRE, COLEEN  
Address: 613 E. LAS OLAS BLVD.  
City-St-Zip: FORT LAUDERDALE, FL 33301

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

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: COLEEN SOTIRE'

P

08/29/2007

Electronic Signature of Signing Officer or Director

Date