
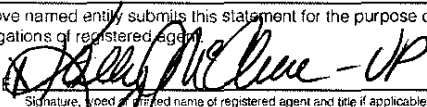



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90440 048 \*\*\*150.00

<b>DOCUMENT # P99000013206</b> 1. Entity Name <b>SHADES TO SHUTTERS, INC.</b>			
Principal Place of Business <b>1644 OLD DIXIE HWY VERO BEACH, FL 32960</b>		Mailing Address <b>1644 OLD DIXIE HWY VERO BEACH, FL 32960</b>	
2. Principal Place of Business <b>676 US HWY 1</b> Suite, Apt. #, etc. <b>8</b>		3. Mailing Address <b>676 US HWY 1</b> Suite, Apt. #, etc. <b>8</b>	
City & State <b>VERO BEACH, FL</b> Zip <b>32962</b>		City & State <b>VERO BEACH, FL</b> Zip <b>32962</b>	
Country 		Country 	
4. FEI Number <b>65-0943299</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired... <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MCCLURE, DENNIS F 1644 OLD DIXIE HWY VERO BEACH, FL 32960</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>676 US HWY 1, STE 8</b> City <b>VERO BEACH</b> <div style="display: inline-block; text-align: right;"> <b>FL</b> Zip Code  <b>32962</b> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  - VP DATE: <b>4/30/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May -1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PD MCCLURE, DENNIS F 660 42ND AVE. VERO BEACH, FL 32962</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>TVD MCCLURE, KATHY S 660 42ND AVE. VERO BEACH, FL 32962</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  - VP <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4/30/04 778-564-2422</b> <small>Date Daytime Phone</small>	