


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2004 08:00 AM
Secretary of State

DOCUMENT # S86755 1. Entity Name SUNSTATE DRAPERY SERVICES, INCORPORATED	
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Principal Place of Business 3830 S NOVA RD SUITE C-4 PORT ORANGE FL 32127 US	Mailing Address 3830 S NOVA ROAD SUITE C-4 PORT ORANGE FL 32127 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt # etc.
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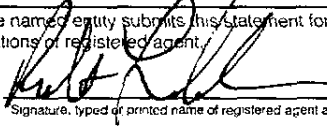
City & State Zip Country	City & State Zip Country
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MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent LABIAK, ROBERT P. 2005 S RIVERSIDE DR #15 EDGEWATER FL 32141	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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:  **ROBERT LABIAK PRESIDENT** DATE: **1/23/04**


(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	
NAME	LABIAK, ROBERT P.	NAME	
STREET ADDRESS	1327 WAYNE AVE.	STREET ADDRESS	U000000014987 <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	NEW SMYRIVA BEACH FL 32168	CITY-ST-ZIP	01/27/04-80045-009 150.00
TITLE	V <input type="checkbox"/> Delete	TITLE	
NAME	LABIAK, ELIZABETH M.	NAME	
STREET ADDRESS	2126 S. RIVERSIDE DR.	STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL 32141	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	
NAME	LABIAK, PAMELA E.	NAME	
STREET ADDRESS	233 E. 89TH ST., APT 2C	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10128	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **ROBERT LABIAK PRESIDENT** DATE: **1/23/04** DAYTIME PHONE #: **386 761 944**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR