


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

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|---|---|
| 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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DO NOT WRITE IN THIS SPACE



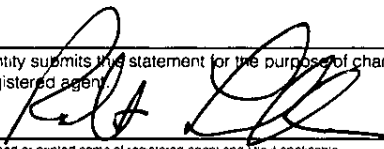
01242008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-3088781 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent LABIAK, ROBERT P. 412 PHILLIPS CREEK LN NEW SMYRNA BEACH, FL 32168 |
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| 8. The above named entity submits the 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:  <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> |
| DATE |

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

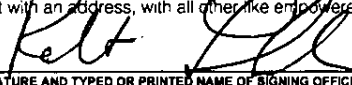
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| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LABIAK, ROBERT P. 1327 WAYNE AVE. NEW SMYRIVA BEACH, FL 32168 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V LABIAK, ELIZABETH M. 2126 S. RIVERSIDE DR. EDGEWATER, FL 32141 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LABIAK, PAMELA E. 233 E. 89TH ST., APT 2C NEW YORK, NY 10128 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 04/17/08-80066-024 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

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|--|-----------|---------------------|--------------------------------|
| SIGNATURE:  | PRESIDENT | 1/24/08 | 386 761 9499 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | <small>Daytime Phone #</small> |