

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J51555

Entity Name: SHADES, INC.

FILED  
Mar 06, 2006  
Secretary of State

**Current Principal Place of Business:**

170 EAST MORSE  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

**Current Mailing Address:**

170 EAST MORSE  
WINTER PARK, FL 32789 US

**New Mailing Address:**

FEI Number: 59-2757759

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BONUS, PHILIP F.  
170 E. WASHINGTON ST.  
ORLANDO, FL 32801 US

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

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:**

Title: DPST ( ) Delete  
Name: MCPEAK, STEPHANIE L  
Address: 1360 GRAFTON COURT  
City-St-Zip: OVIEDO, FL 32265

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

Title: DPST (X) Change ( ) Addition  
Name: MCPEAK, STEPHANIE L  
Address: 170 EAST MORSE  
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the 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: STEPHANIE MCPEAK

DPST

03/06/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date