

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 429417

FILED
Mar 01, 2007
Secretary of State

Entity Name: HILE'S CURTAIN SPECIALTIES, INC.

Current Principal Place of Business:

6103 JOHNS RD
SUITE 1
TAMPA, FL 33634

New Principal Place of Business:

6103 JOHNS RD
SUITE 1
TAMPA, FL 33634 US

Current Mailing Address:

6103 JOHNS RD
SUITE 1
TAMPA, FL 33634

New Mailing Address:

6103 JOHNS RD
SUITE 1
TAMPA, FL 33634 US

FEI Number: 59-1469305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HILE, CHARLES E
6103 JOHNS RD
SUITE 1
TAMPA, FL 33634 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: VP () Delete
Name: HILE, CLAYTON E
Address: 3217 CHALON ST
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: PD () Delete
Name: HILE, CHARLES F
Address: 1125 BLUEFIELD RD
City-St-Zip: ODESSA, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: HILE, CLAYTON E
Address: 3217 CHALON ST
City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: P (X) Change () Addition
Name: HILE, CHARLES E
Address: 1125 BLUEFIELD RD
City-St-Zip: ODESSA, FL 33556 US

Title: S T () Change (X) Addition
Name: HILE, CARSON E
Address: 9736 OAK STREET
City-St-Zip: TAMPA, FL 33630 US

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: CHARLES E HILE

P

03/01/2007

Electronic Signature of Signing Officer or Director

Date