


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Sep 02, 2004 8:00 am**  
**Secretary of State**

08-18-2004 90002 040 \*\*\*158.75

<b>DOCUMENT # P03000088251</b> 1. Entity Name <b>PALM BEACH BLINDS &amp; DESIGNS, INC.</b>			
Principal Place of Business <b>130 MARTIN AVE                  LAKE WORTH FL 33463</b>		Mailing Address <b>130 MARTIN AVE                  LAKE WORTH FL 33463</b>	
2. Principal Place of Business <b>130 Martin Avenue</b> Suite, Apt. #, etc.		3. Mailing Address <b>130 Martin Avenue</b> Suite, Apt. #, etc.	
City & State <b>LAKE WORTH, Florida</b>		City & State <b>LAKE WORTH, Florida</b>	
Zip <b>33463</b>		Zip <b>33463</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>74-3096442</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MCARDLE, JAMES                  130 MARTIN AVE                  LAKE WORTH FL 33463</b>		7. Name and Address of New Registered Agent Name <b>James Browning McArdle</b> Street Address (P.O. Box Number is Not Acceptable) <b>130 Martin Avenue</b> City <b>LAKE WORTH</b> FL Zip Code <b>33463</b>	
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 <i>[Signature]</i> <b>James B. McArdle - President</b> <b>7-26-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$550.00</b> <b>DUE BY September 8, 2004</b> <b>Make Check Payable to Florida Department of State</b>		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MCARDLE, JAMES 130 MARTIN AVE LAKE WORTH FL 33463	<input type="checkbox"/> Delete	<b>11. /ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SCHUSTER, NATHAN 130 MARTIN AVE LAKE WORTH FL 33463	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	<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: <i>[Signature]</i>		Date <b>7-26-04</b> Daytime Phone # <b>561-684-3555</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			