2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# 182825

Entity Name: MODERN VENETIAN BLIND CORP

Current Principal Place of Business:

6787 BAYSHORE DRIVE
LAKE WORTH, FL 33462 US

New Principal Place of Business:

Current Mailing Address:

6787 BAYSHORE DRIVE
LAKE WORTH, FL 33462 US

New Mailing Address:

FEI Number: 59-0735556 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OTHUS, CYNTHIA HALL H
12963 71ST PLACE NORTH
WEST PALM BEACH, FL 33412 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: DV ( ) Delete
Name: HALL, MARY LOU F
Address: 6797 BAYSHORE DRIVE
City-St-Zip: LAKE WORTH, FL 33462

Title: DP ( ) Delete
Name: OTHUS, CYNTHIA H
Address: 12963 71ST PLACE NORTH
City-St-Zip: WEST PALM BEACH, FL 33412

Title: DS ( ) Delete
Name: DUENAS, ANDREA H
Address: 6836 BAYSHORE DRIVE
City-St-Zip: LAKE WORTH, FL 33462

Title: DT ( ) Delete
Name: HALL, RANDALL B
Address: 6797 BAYSHORE DRIVE
City-St-Zip: LAKE WORTH, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CYNTHIA OTHUS PRES 04/07/2009

Electronic Signature of Signing Officer or Director — Date