2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2009
Secretary of State

DOCUMENT# 429417

Entity Name: HILE'S CURTAIN SPECIALTIES, INC.

Current Principal Place of Business:

2701 SUCCESS DR.
ODESSA, FL 33556 US

New Principal Place of Business:

Current Mailing Address:

2701 SUCCESS DR.
ODESSA, FL 33556 US

New Mailing Address:

FEI Number: 59-1469305 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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:

HILE, CHARLES E
2701 SUCCESS DRIVE
ODESSA, FL 33556 US

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: _____ 01/25/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HILE, CLAYTON E
Address: 3217 CHALON ST
City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: CEO ( ) Delete
Name: HILE, CHARLES E
Address: 1125 BLUEFIELD RD
City-St-Zip: ODESSA, FL 33556 US

Title: V ( ) Delete
Name: HILE, CARSON E
Address: 9736 OAK STREET
City-St-Zip: TAMPA, FL 33630 US

Title: ST ( ) Delete
Name: SMITH, CINDY E
Address: 15910 ANTLER LANE
City-St-Zip: SPRING HILL, FL 34610 US

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: CINDY E SMITH ST 01/25/2009
Electronic Signature of Signing Officer or Director — Date