

2007 FOR PROFIT CORPORATION ANNUAL REPORT


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Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90052 026 ***150.00

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02152007 Chg-P CR2E034 (12/06)

DOCUMENT # F18726					
1. Entity Name VINCENT RADCLIFFE CUSTOM DRAPERIES, INC.					
Principal Place of Business 116 N. ORION AVE. CLEARWATER, FL 33765			Mailing Address 116 N. ORION AVE. CLEARWATER, FL 33765		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2060608	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RADCLIFFE, SHERRY C 116 N. ORION AVE. CLEARWATER, FL 33765			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE	PVS	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME	RADCLIFFE, SHERRY C		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	100 N ORION AVE.		NAME	RADCLIFFE, SHERRY C	
CITY - ST - ZIP	CLEARWATER, FL 33765		STREET ADDRESS	100 N. ORION AVE.	
			CITY - ST - ZIP	CLEARWATER, FL 33765	
TITLE		<input type="checkbox"/> Delete	TITLE	V T S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	VINCENT A. RADCLIFFE JR.	
STREET ADDRESS			STREET ADDRESS	100 N. ORION AVE.	
CITY - ST - ZIP			CITY - ST - ZIP	CLEARWATER, FL 33765	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Sherry Radcliffe</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: <u>Sherry Radcliffe</u>		Date: <u>FEB 15 2007</u>	
				Daytime Phone #: <u>727-446-3386</u>	