2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2008 8:00 am
Secretary of State
01-30-2008 90035 019 ***150.00

DOCUMENT # J55787

1. Entity Name
UNIVERSAL BLINDS, INC.

Principal Place of Business	Mailing Address
~~3920 NW 49TH STREET~~	~~3920 NW 49TH STREET~~
~~FORT LAUDERDALE FL 33309~~	~~FORT LAUDERDALE FL 33309~~
~~US~~	~~US~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7523 W. Sample Road	7523 W Sample Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Springs Fl.	City & State: Coral Springs Fl.
Zip: 33065 Country:	Zip: 33065 Country:

1st MOORE CR2E034 (10/07)

4. FEI Number 59-2767028 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~MILLER, ALAN~~	Name: Miller, Alan L.
~~3920 NW 49TH STREET~~	Street Address (P.O. Box Number is Not Acceptable): 7523 W. Sample Road
~~FORT LAUDERDALE FL 33309~~	City: Coral Springs FL Zip Code: 33065

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: [signature] Alan L. Miller 1/24/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	PD ☑ Change ☐ Addition
NAME	MILLER, ALAN L.	NAME	Miller Alan L.
STREET ADDRESS	7523 W. SAMPLE RD.	STREET ADDRESS	7523 W Sample Road
CITY-ST-ZIP	CORAL SPRINGS FL 33065	CITY-ST-ZIP	Coral Springs Fl. 33065
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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 Section 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: [signature] Alan L. Miller President 1/24/2008 954-456-7575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ATTACHMENT

FILED
Mar 08, 2007 8:00 am
Secretary of State

ATTACHMENT

4001390B

1st MOORE CR2E034 (10/06)

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Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2767028 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MILLER, ALAN 3920 NW 49TH STREET FORT LAUDERDALE FL 33309	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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TITLE: PD NAME: MILLER, ALAN L. STREET ADDRESS: 3920 NW 49TH STREET CITY-ST-ZIP: FORT LAUDERDALE FL 33309	☐ Delete	TITLE: PD NAME: MILLER, ALAN L. STREET ADDRESS: 7523 W SAMPLE ROAD CITY-ST-ZIP: CORAL SPRINGS, FL 33065	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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SIGNATURE: ______________________ 2/27/07 954-486-7875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #