

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J87414

FILED
Apr 25, 2008
Secretary of State

Entity Name: BLINDS OF ALL KINDS, INC.

Current Principal Place of Business:

3450 SOUTH U.S. 1
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

3450 U.S. HIGHWAY 1
ROCKLEDGE, FL 32955 US

Current Mailing Address:

3450 SOUTH U.S. 1
ROCKLEDGE, FL 32955 US

New Mailing Address:

3450 U.S. HIGHWAY 1
ROCKLEDGE, FL 32955 US

FEI Number: 59-2863704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER, BRINK & FOWLER, P.A.
25 MCLEOD STREET
MERRITT ISLAND, FL 32953 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: PTD () Delete
Name: GRAY, DONALD,
Address: 1825 CANAL CT.
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: S () Delete
Name: GRAY, DANA,
Address: 1825 CANAL CT
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: D () Delete
Name: GRAY, ROBERT S. JR.
Address: 190 SEMINOLE LANE UNIT 101
City-St-Zip: COCOA BEACH, FL 32931 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:

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: ROBERT S GRAY JR

D

04/25/2008

Electronic Signature of Signing Officer or Director

_____ Date