
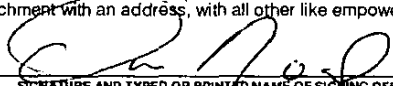


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90352 019 \*\*\*150.00

<b>DOCUMENT # K20068</b>			
1. Entity Name <b>VERTICAL BLIND OUTLET, INC.</b>			
Principal Place of Business <b>9311 SW SR 280 OCALA FL 34481</b>		Mailing Address <b>PO BOX 772947 OCALA FL 34477</b>	
2. Principal Place of Business <b>16264 S Hiway 475 Suite, Apt. #, etc. Summerfield 31 City &amp; State</b>		3. Mailing Address <b>16264 S Hiway 475 Suite, Apt. #, etc. Summerfield 31 City &amp; State</b>	
Zip <b>34491</b>	Country <b>MARION</b>	Zip <b>34491</b>	Country <b>MARION</b>
6. Name and Address of Current Registered Agent <b>NOEL, PAUL T. 4849 SE 110 ST STE 53 BELLEVIEW FL 34420</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NOEL, DONNA 9311 SW SR 200, BOX 7 OCALA FL 34481 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NOEL, DONNA 16264 S Hiway 475 Summerfield 31 34491 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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: 		Date: <b>4-15-2005</b> Daytime Phone #: <b>352 245 9827</b>	

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1st MOORE CR2E034 (10/04)