


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # K83969 1. Entity Name AFFORDABLE BLINDS CORP.						FILED 07 MAY -7 AM 8:22 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2222 S COMBEE RD #3 LAKELAND, FL 33801				Mailing Address 2222 S COMBEE RD #3 LAKELAND, FL 33801			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				City & State Zip Country			
4. FEI Number 59-2944913				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CROTTEAU, CHAD 5324 ST LUCIA DR LAKELAND, FL 33813				7. Name and Address of New Registered Agent 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 re-stating) _____ DATE _____							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 MARTIN, TIM 1509 LAKEVIEW ST. LAKELAND, FL 33801 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHRIS MARTIN 1509 LAKEVIEW ST LAKELAND FL 33801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>delete</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLLINS, AMANDA 1635 DOLPHIN DRIVE LAKELAND, FL 33801 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	600103098388 05/23/07--01017--017 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROTTEAU, CHAD 5324 ST. LUCIA DRIVE LAKELAND, FL 33813 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Signature] <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBIN FLORA 1 UNCLE JOE'S FISH CAMP LAKE WALES, FL 33898 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary ROBIN FLORA 1 UNCLE JOE'S FISH CAMP RD LAKE WALES FL 33898 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORRIS, KIMBERLY 4275 GROVE WAY LAKELAND, FL 33810 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Kimberly Morris 7708 MATHER RD N LAKELAND FL 33810 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CROTTEAU, CHARLEENE 327 EASTON LAKELAND, FL 33803 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Charleene Crotteau 327 EASTON LAKELAND FL 33803 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>John L. Flora</i>				5.3.07 8636651695			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			