

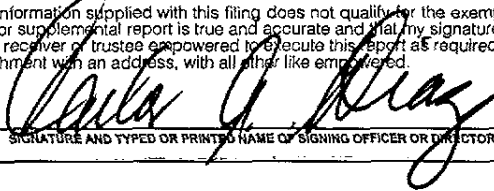


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M29019</b> 1. Entity Name <b>GULF COAST AMERICAN BLIND CORPORATION</b>			
Principal Place of Business <b>3705 WESTVIEW DR. NAPLES, FL 34104</b>		Mailing Address <b>3705 WESTVIEW DR. NAPLES, FL 34104</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04202006 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>59-2654464</b>	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DIAZ, CARLOS A. 655 HENLEY DR NAPLES, FL 34104</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		000000539463 05/06/06-80125-015 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	PD	<b>DO NOT WRITE IN THIS SPACE</b>	
NAME	DIAZ, CARLOS A.		
STREET ADDRESS	655 HENLEY DRIVE		
CITY- ST- ZIP	NAPLES, FL 34104		
TITLE	VD		
NAME	DIAZ, MARIA D.		
STREET ADDRESS	655 HENLEY DRIVE		
CITY- ST- ZIP	NAPLES, FL 34104		
TITLE	STD	<b>DO NOT WRITE IN THIS SPACE</b>	
NAME	DIAZ, EDELMIRA		
STREET ADDRESS	80 BRAMPTON LANE		
CITY- ST- ZIP	NAPLES, FL 34104		
TITLE	V		
NAME	SCHAEFER, TIM		
STREET ADDRESS	8535 IBIS COVE CIR		
CITY- ST- ZIP	NAPLES, FL 34119		
TITLE	V	<b>DO NOT WRITE IN THIS SPACE</b>	
NAME	RODRIGUEZ, ANGEL		
STREET ADDRESS	5682 LAGO VILLAGIO WAY		
CITY- ST- ZIP	NAPLES, FL 34104		
TITLE	V		
NAME	HOFFMAN, TODD		
STREET ADDRESS	240 BACKWATER CT		
CITY- ST- ZIP	NAPLES, FL 34119		
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 employment.			
SIGNATURE: 		4/20/06 239 643 - 2455	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	