

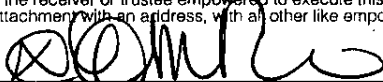


FILED
Feb 27, 2008 08:00 AM
Secretary of State

"Dept. of State"

DOCUMENT # P00000072992 1. Entity Name VERTICAL BLINDS PLUS CORP.						Secretary of State <i>"Dept. of State"</i>		
Principal Place of Business 1639 CAPE CORAL PARKWAY UNIT 101 CAPE CORAL, FL 33904			Mailing Address 1639 CAPE CORAL PARKWAY UNIT 101 CAPE CORAL, FL 33904					
2. Principal Place of Business - No P.O. Box #			3. Mailing Address			01092008 Chg-P CR2E034 (12/06)		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			4. FEI Number 65-1028853		
City & State			City & State			Applied For Not Applicable		
Zip		Country	Zip		Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
RODRIGUEZ, CHRISTINA M 1305 SW 31 TERR CAPE CORAL, FL 33914					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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>								
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			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	PSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	RODRIGUEZ, CHRISTINA M		NAME					
STREET ADDRESS	1305 SW 31 TERR		STREET ADDRESS					
CITY- ST- ZIP	CAPE CORAL, FL 33914		CITY- ST- ZIP					
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	RODRIGUEZ, EDUARDO		NAME					
STREET ADDRESS	1305 SW 31ST ST		STREET ADDRESS					
CITY- ST- ZIP	CAPE CORAL, FL 33914		CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY- ST- ZIP			CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY- ST- ZIP			CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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STREET ADDRESS			STREET ADDRESS					
CITY- ST- ZIP			CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: 					2/26/08			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					Date			
					Daytime Phone #			