

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000074033

1. Entity Name
CASUAL BLINDS, INC



Principal Place of Business 9648 SEAFARERS WAY NAVARRE, FL 32566	Mailing Address 9648 SEAFARERS WAY NAVARRE, FL 32566
--------------------------------------------------------------------------------	--------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



03022007 No Chg-P CR2E034 (11/05)

4. FEI Number 30-0188356	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KING, GRISEL
 9648 SEAFARERS WAY
 NAVARRE, FL 32566**

DO NOT WRITE IN THIS SPACE

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 *James King* President DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KING, GRISEL 9648 SEAFARERS WAY NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KING, GRISEL 9648 SEAFARERS WAY NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KING, GRISEL 9648 SEAFARERS WAY NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KING, KEVIN 9648 SEAFARERS WAY NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000716657
 04/30/07-80017-010 158.75

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: *James King* President Date 4/14/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #