2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000011905

EVOCEDIONO DI INDO ELIDATITUDE A DEGIONI INC

FILED Jan 17, 2006 Secretary of State

Entity Na	me: EXCEPTION	ONS BLINDS, FURNITURE 8	DESIGN, INC.			
Current Principal Place of Business:			New Princip	New Principal Place of Business:		
	D AVENUE WE FON, FL 34207	ST				
Current Mailing Address:			New Mailing	New Mailing Address:		
	D AVENUE WE FON, FL 34207	ST				
FEI Number	: 65-1146084	FEI Number Applied For()	FEI Number Not Applica	able () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and A	Name and Address of New Registered Agent:		
	D ANN AVENUE WES FON, FL 34207			ANN AVENUE WEST N, FL 34207 US		
	e named entity s e of Florida.	ubmits this statement for the	ourpose of changing its	registered office or registered agent, or both	,	
SIGNATURE:				01/17/2006	_	
	Electroni	c Signature of Registered Ag	ent	Date		
Election Ca	mpaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: Citv-St-Zip:	TRULL, JO ANN 909 69TH AVEN	UE WEST	Name: Address:	PD (X) Change()Addition TRULL, JO ANN 1112 63RD AVENUE WEST BRADENTON, FL 34207		

Name:

Address:

Title: VD () Delete Title: (X) Change () Addition HICKMAN, JAMES K HICKMAN, MICHAEL D Name: Name:

Address: 204 MAJESTIC BLVD Address: 6240 CONTESSA DR DEFUNIAK SPRINGS, FL 32433 City-St-Zip: ORLANDO, FL 32829 City-St-Zip:

Title: (X) Delete Title: () Change () Addition TREA

HICKMAN, MICHAEL D Name: 5120 CONROY ROAD #521 Address: City-St-Zip: ORLANDO, FL 32811 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANN TRULL PD 01/17/2006