2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 SEP 10 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000021659

1. Entity Name
AA BLIND CENTER, INC.

Principal Place of Business	Mailing Address
6081 LAKE WORTH RD LAKE WORTH, FL 33463	6081 LAKE WORTH RD LAKE WORTH, FL 33463

04112007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 14-1902634 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

8. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SYLVAIN, ARNAULD 6081 LAKE WORTH ROAD LAKE WORTH, FL 33463	Name Arnauld Sylvain Street Address (P.O. Box Number is Not Acceptable) 6081 Lake Worth Rd. City Lake Worth FL Zip Code 33463

6. 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 ARNAULD Sylvain 8/16/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PSD SYLVAIN, ARNAULD 6081 LAKE WORTH RD LAKE WORTH, FL 33463	☑ Delete	PSD Arnauld Sylvain 6081 Lake Worth Rd. Lake Worth FL 33463	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	VSD Annelyn Sylvain 6081 Lake Worth Rd. Lake Worth FL 33463	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	300109594083 09/18/07--01065--022 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: 8/16/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #