2007 FOR PROFIT CORPORATION ANNUAL REPORT

Sep 11, 2007 08:00 AM Secretary of State DOCUMENT # P04000027265 1. Entity Name 3B'S CUSTOM BLIND, INC. Principal Place of Business Malting Address 957 DREXEL AVENUE 957 DREXEL AVENUE CLERMONT, FL 34711 CLERMONT, FL 34711 No Chg-P CR2E034 (11/05) 09072007 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0715994 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FELIX, WILFREDO DO NOT WRITE 957 DREXEL AVENUE CLERMONT, FL 34711 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 Signature, typed or printed name of registered agent and life it applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOWILL FEE 18 \$150.00 9. Election Campaign Financing in accordance with s. 607.193(2)(b), F,S., the Trust Fund Contribution, Due by September 14, 2007 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECT TITLE U00000773654 09/11/07-80001-014 150.00 FELIX, WILFREDO MAME STREET ADDRESS 957 DREXEL AVENUE CITY-ST-ZIP CLERMONT, FL 34711 MLE NAME STREET ADDRESS CITY-ST- ZIP TITLE MAKE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE "IN THIS SPACE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-51-70 TITLE NAME

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

STREET ADDRESS CITY-ST-ZIP

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-07-07

352-2410130

FILED