2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 12, 2007 8:00 am Secretary of State DOCUMENT # P04000041738 03-12-2007 90092 022 ***150.00 1. Entity Name JIM'S BLINDS INVESTMENTS, INC. AUUSOZU Principal Place of Business Mailing Address 7381 BENT GRASS DR 7381 BENT GRASS DR WINTER HAVEN, FL 33884 WINTER HAVEN, FL 33884 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt #, etc. Suite. Apt. #. etc. 02282007 CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 37-1485139 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARNES, JAMES D Street Address (P.O. Box Number is Not Acceptable) 7381 BENT GRASS DR WINTER HAVEN, FL 33884 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, type-i or printed name of registered agent end title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PD THE ☐ Detete ☐ Change Contibba TITLE BARNES, JAMES D NAME MAMI STRUCT ADDRESS 7381 BENT GRASS DR STREET ADDRESS CITY-ST-7IP WINTER HAVEN, FL 33884 CITY-ST-ZIP ☐ Addition STD ☐ Defete ☐ Change TITLE TITLE BARNES, CYNTHIA L MARKE 7381 BENT GRASS DR STREET ADDRESS STREET ADDRESS WINTER HAVEN, FL 33884 CHY-SI-ZIP CITY-\$1-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAMI NAME STREET ADDRESS STRLET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME STRELT ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP Change ☐ Addition HILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-ST-ZIP Delete HILL Change Addition NAME NAME STREET ADDRESS STREET ADORESS CHY+ST-ZIP oplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information tal records 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 ustee of powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if I hereby certify that the information su indicated on this report or supplement or the receiver or of the corporation ruste changed, or on with all other like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Davidne Phone #