2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000071037

1. Entity Name
EAST COAST BLINDS INC.

Principal Place of Business	Mailing Address
10720 N.W. 53 ST SUNRISE, FL 33351 US	10720 N.W. 53 ST SUNRISE, FL 33351 US

DO NOT WRITE IN THIS SPACE

08242006   No Chg-P   CR2E034 (11/05)

4. FEI Number 20-1081346	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

BAILEY, DANNY F PRES.
10270 N.W. 53 ST.
SUNRISE, FL 33351

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_____

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

FILE NOW!!! FEE IS $550.00 **Due by September 6, 2006**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	000000575867 09/01/06-80004-009 550.00

10.   OFFICERS AND DIRECTORS

TITLE	PRES
NAME	BAILEY, DANNY F
STREET ADDRESS	1342 N.W. 112 WAY
CITY-ST-ZIP	CORAL SPRINGS, FL 33071

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Danny F. Bailey _____ 8/29/06 _____ 954-742-8018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #