2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000115658

1. Entity Name
MOBILE DIRECT DISCOUNT BLINDS & SHUTTERS INC.

Principal Place of Business	Mailing Address
260 ARBOR WOODS CIR OLDSMAR, FL 34677	260 ARBOR WOODS CIR OLDSMAR, FL 34677

DO NOT WRITE IN THIS SPACE

02252007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
30-0268577	Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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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 $150.00
After May 1, 2007 Fee will be $550.00

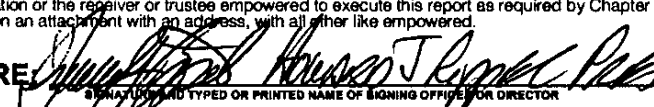9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS.

TITLE	PD
NAME	RIPPEL, HOWARD JR
STREET ADDRESS	260 ARBOR WOODS CIR
CITY-ST-ZIP	OLDSMAR, FL 34677

TITLE	VD
NAME	RIPPEL, JILL
STREET ADDRESS	260 ARBOR WOODS CIR
CITY-ST-ZIP	OLDSMAR, FL 34677

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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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: _Howard J Rippel Pres_   4/16/07   813-877-1672

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