2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 08:00 AM Secretary of State

DOCUM	JENT	#P04	10001	171	378	8
-------	-------------	------	-------	-----	-----	---

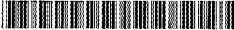
1. Entity Name
MIRAGE BLINDS & DESIGNS, INC.



Principal Place of Business

1405 N CONGRESS AVE SIE 13 DELRAY BEACH, FL 33445 Mailing Address

1405 N CONGRESS AVE STE 13 DELRAY BEACH, FL 33445



DO NOT WRITE IN THIS SPACE

04102000	No Cha B	CDSEGSA (STICE)	-

4. FEI Number	Applied For
20-1822894	Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
COHEN, ALANA

1405 N CONGRESS AVE STE 13 DELRAY BEACH, FL 33445

DO NOT WRITE IN THIS SPACE

3. The above the obligat	named entity submits this statement for the prions of registered agent.	urpose of changing its registered	d office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable (NOTE: Registered	Agent signature	required when reinstating)	DATE
Alter	E NOWIII FEE IS \$150.00 av 1, 2006 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY+ST-ZIP	P COHEN, ALANA 1405 N CONGRESS AVE STE 13 DELRAY BEACH, FL 33445				
sitle Name Strell Address City-St-Zip					U00000550793 05/13/06-80076-003 150.00
TITLE NAME STREET ADDRESS CITY+ST-ZIP				DO	NOT WRITE
Title Name Street address City-St-Zip				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TIELE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated of the correctanged,	ertify that the information supplied with this filt on this report or supplemental report is true ar poration or the receiver or trustee empowered or on an attachment with an address, with all	ng does not qualify for the exent not accurate and that my signature to execute this report as require other like empowered.	nptions con re shall hav d by Chapt	tained in Chapter 119 e the same legal effe er 607, Florida Statute	 Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director as; and that my name appears in Block 10 or Block 11 if

OFFICER OR DIRECTOR