


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000049950 1. Entity Name ABSOLUTE BLINDS CONNECTION, INC						FILED 07 APR 26 AM 11:48 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 8930 NW 15 COURT PEMBROKE PINES, FL 33024				Mailing Address 8930 NW 15 COURT PEMBROKE PINES, FL 33024			
2. Principal Place of Business - No P.O. Box # 1911 SW 101 AVE Suite, Apt. #, etc. BAY "A"		3. Mailing Address 1911 SW 101 AVE Suite, Apt. #, etc. BAY "A"		 REINSTATEMENT 06-07 CR2E000007			
City & State MIRAMAR FL		City & State MIRAMAR FL		4. FEI Number 20-8890012		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33025		Country US		Zip 33025		Country US	
6. Name and Address of Current Registered Agent ENGLE, KATHY L 8930 NW 15 COURT PEMBROKE PINES, FL 33024				7. Name and Address of New Registered Agent Name SHELLEY BAKER Street Address (P.O. Box Number is Not Acceptable) 1911 SW 101 AVE BAY "A" City MIRAMAR FL Zip Code 33025			
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 <u><i>Shelley Baker</i></u> 4-23-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P <input checked="" type="checkbox"/> Delete NAME ENGLE, KATHY L STREET ADDRESS 8930 NW 15 COURT CITY-ST-ZIP PEMBROKE PINES, FL 33024				TITLE (P) SHELLEY BAKER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME 1911 SW 101 AVE STREET ADDRESS BAY "A" MIRAMAR FL 33025 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: <u><i>Shelley Baker</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/23/07 954 296 3375 <small>Date Daytime Phone #</small>			