2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000078643

Entity Name: D.R. BLINDS INC

FILED Feb 22, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

261 ROYAL TERN WAY 3404 CLIFDEN DR

CARRABELLE, FL 32322 TALLAHASSEE, FL 32309

Current Mailing Address: New Mailing Address:

PO BOX 185 PO BOX 14748

CRAWFORDVILLE, FL 32327 TALLAHASSEE, FL 32317

FEI Number: 56-2516368 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FOGLEMAN, GARY

BUDGET BLINDS OF TALLAHASSEE

261 ROYAL TERN WAY

3404 CLIFDEN DR

TALLAHASSEE FL 20202 LICE

CARRABELLE, FL 32322 US TALLAHASSEE, FL 32309 US

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.

SIGNATURE: GARY FOGLEMAN 02/22/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition FOGLEMAN, REBECCA FOGLEMAN, REBECCA Name: Name: 3404CLIFDEN DR 261 ROYAL TERN WAY Address: Address: TALLAHASSEE, FL 32309 City-St-Zip: CARRABELLE, FL 32322 City-St-Zip:

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change () Addition}$

 Name:
 FOGLEMAN, GARY
 Name:
 FOGLEMAN, GARY

 Address:
 261 ROYAL TERN WAY
 Address:
 3404 CLIFDEN DR

City-St-Zip: CARRABELLE, FL 32322 City-St-Zip: TALLAHASSEE, FL 32309

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY FOGLEMAN VP 02/22/2007