

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90007 028 ***150.00

DOCUMENT # P06000115226 1. Entity Name AA BLIND CENTER AND SHUTTERS, INC.					
Principal Place of Business 6081 LAKE WORTH ROAD LAKE WORTH, FL 33463 FL			Mailing Address 6081 LAKE WORTH ROAD LAKE WORTH, FL 33463 FL		
2. Principal Place of Business - No P.O. Box # 5401 N. HAVERHILL ROAD		3. Mailing Address Suite, Apt. #, etc. UNIT #124			
City & State WEST PALM BEACH FL		City & State WEST PALM BEACH FL		4. FEI Number 20-5496973	
Zip 33407		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SYLVAIN, ARNAULD 6081 LAKE WORTH ROAD LAKE WORTH, FL 33463				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <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 \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, T SYLVAIN, ARNAULD 6081 LAKE WORTH ROAD LAKE WORTH, FL 33463	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SYLVAIN, ARNAULD 6081 LAKE WORTH ROAD LAKE WORTH, FL 33463	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP S SYLVAIN, ANNELYN 6081 LAKE WORTH ROAD LAKE WORTH, FL 33463	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SYLVAIN, ANNELYN 6081 LAKE WORTH ROAD LAKE WORTH, FL 33463	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SYLVAIN, ANNELYN 6081 LAKE WORTH ROAD LAKE WORTH, FL 33463	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SYLVAIN, ANNELYN 6081 LAKE WORTH ROAD LAKE WORTH, FL 33463	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SYLVAIN, ANNELYN 6081 LAKE WORTH ROAD LAKE WORTH, FL 33463	<input type="checkbox"/> Delete			
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: Annelyn Sylvain 2/19/07 24-868-5025					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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