

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000052244

**FILED**  
**Jun 18, 2012**  
**Secretary of State**

**Entity Name:** AMERICAN BLIND REPAIR INC.

**Current Principal Place of Business:**

3355 JAYWOOD TERRACE  
SUITE 214  
BOCA RATON, FL 33431 UN

**New Principal Place of Business:**

705 BOND WAY  
DELRAY BEACH, FL 33483 US

**Current Mailing Address:**

3355 JAYWOOD TERRACE  
SUITE 214  
BOCA RATON, FL 33431 UN

**New Mailing Address:**

705 BOND WAY  
DELRAY BEACH, FL 33483 US

**FEI Number:** 45-2854411

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOLMES, ANNE  
3355 JAYWOOD TERRACE  
APT J214  
BOCA RATON, FL 33431 US

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

HOLMES, ANNE  
705 BOND WAY  
DELRAY BEACH, FL 33483 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:

06/18/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HOLMES, ANNE  
Address: 705 BOND WAY  
City-St-Zip: DELRAY BEACH, FL 33483 US

I hereby 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 all other like empowered.

SIGNATURE: ANNEMARIE HOLMES

CEO

06/18/2012

Electronic Signature of Signing Officer or Director

Date