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PROFIT CORPORATION ANNUAL REPORT
2000

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000085282

1. Corporation Name
AAA BLIND FACTORY, INC.

Principal Place of Business	Mailing Address
2590 GOLDEN GATE PKWY STE 101 NAPLES FL 34105	2590 GOLDEN GATE PKWY STE 101 NAPLES FL 34105

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/03/1995

2. Principal Place of Business (21): 2770 S. Horseshoe Drive	2a. Mailing Address (28): 2770 S. Horseshoe Drive
Suite, Apt. #, etc. (22): SUITE #7	Suite, Apt. #, etc. (27): SUITE 7
City & State (23): Naples, FL	City & State (28): Naples, FL
Zip (24): 34104 Country (25):	Zip (29): 34104 Country (30):

4. FEI Number: 58-2226570 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WITTOCK, GARY W CPA ~~2590 GOLDEN GATE PKWY STE 101~~ ~~NAPLES FL 34105~~ 2770 S. Horseshoe Dr #7 Naples, FC 34104	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ 6/26/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Pres WITTOCK, GARY W 2590 GOLDEN GATE PKWY STE 101 NAPLES FL 34105 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT WITTOCK, GARY W. 2770 S. HORSESHOE DRIVE STE 7 NAPLES, FL 34104 ☒ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Dale Horbal 600 Goodlette Road Naples, FL 34102 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP DALE HORBAL 600 GOODLETTE ROAD NAPLES, FL 34102 ☒ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Add

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.