
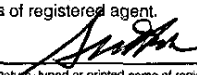



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90007 015 ***150.00

DOCUMENT # P95000085282 1. Entity Name AAA BLIND FACTORY, INC.			
Principal Place of Business 2770 S HORSESHOE DRIVE SUITE #7 NAPLES, FL 34104		Mailing Address 2770 S HORSESHOE DRIVE SUITE #7 NAPLES, FL 34104	
2. Principal Place of Business 2770 Horseshoe Dr. S.		3. Mailing Address 2770 Horseshoe Dr. S.	
Suite, Apt. #, etc. Ste 7		Suite, Apt. #, etc. Ste 7	
City & State Naples, FL		City & State Naples, FL	
Zip 34104-6147	Country US	Zip 34104-6147	Country US
4. FEI Number 58-2226570		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WITTOCK, GARY W CPA 2770 S HORSESHOE DRIVE NAPLES, FL 34104		7. Name and Address of New Registered Agent Name WITTOCK, GARY W CPA Street Address (P.O. Box Number is Not Acceptable) 2770 Horseshoe Dr. S. Ste 7 City Naples, FL Zip Code 34104-6147	
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, 2004 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 VP NAME WITTOCK, GARY W STREET ADDRESS 2770 S HORSESHOE DRIVE, STE 7 CITY-ST-ZIP NAPLES, FL 34105	<input type="checkbox"/> Delete	TITLE VP NAME WITTOCK, GARY W STREET ADDRESS 2770 Horseshoe Dr. S. Ste 7 CITY-ST-ZIP NAPLES, FL 34104-6147	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME HORBAL, DALE STREET ADDRESS 3940 RADIO ROAD CITY-ST-ZIP NAPLES, FL 34104	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/2/04 239-434-5818 <small>Daytime Phone #</small>	

54026036



04012004 Chg-P CR2E034 (10/03)