


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|  |   |
|--|---|
| <b>DOCUMENT # P97000023470</b><br>1. Entity Name<br><b>BAY BREEZE BLINDS, INC.</b> |  |
|--|---|

**FILED**  
**Sep 11, 2008 08:00 AM**  
**Secretary of State**



08072008 No Chg-P CR2E034 (11/05)

|   |   |
|---|---|
| Principal Place of Business<br><b>2235 SO RIDGEWOOD AVE<br/>SOUTH DAYTONA, FL 32119</b> | Mailing Address<br><b>2235 SO RIDGEWOOD AVE<br/>SOUTH DAYTONA, FL 32119</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**

|   |   |  |
|---|---|--|
| 4. FEI Number<br><b>59-3439886</b>                        | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> |   | <b>\$8.75 Additional Fee Required</b>      |

**6. Name and Address of Current Registered Agent**

**ARMINIO, MICHAEL J  
2235 SO RIDGEWOOD AVE.  
SOUTH DAYTONA, FL 32119**

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSTD<br>ARMINIO, MICHAEL J<br>1423 BREAKS WAY<br>PORT ORANGE, FL 32127 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

U00000359458  
09/11/08-80001-009 550.00

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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:**  **8-6-08 386-767-7425**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #