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May 01, 2003 8:00 am
Secretary of State

05-01-2003 90288 002 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090140

1. Entity Name
BLINDS OUTLET INC.

Principal Place of Business	Mailing Address
10295 N.W. 46 STREET SUNRISE, FL 33351	10295 N.W. 46 STREET SUNRISE, FL 33351

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 1399 SW 30 Ave #8	Suite, Apt. #, etc.: 1399 SW 30 Ave #8
City & State: West Palm Beach FL	City & State: West Palm Beach FL
Zip: 33426 Country: US	Zip: 33425 Country: US

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0954672 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THOMAS, THOMAS A JR.
10295 N.W. 46 STREET
SUNRISE, FL 33351

7. Name and Address of New Registered Agent

Name: Tom Thomas
Street Address (P.O. Box Number Is Not Acceptable): 1399 SW 30 Ave Bay 8
City: Boynton Beach FL Zip Code: 33425

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: [signature] 4/23/03

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

[illegible] FEE IS $150.00 [illegible]

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	PD THOMAS, THOMAS A JR. 10295 N.W. 46 STREET SUNRISE, FL 33351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] 4/23/03 561 244 0150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)