
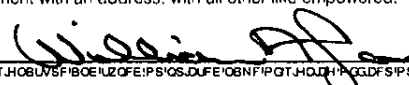


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 A
Secretary of State

EPDVNF0U!\$ P99000107549 <small>2/ Entity Name</small> STRAIGHT STREET BLINDS, INC.					
<small>Principal Place of Business</small> 8512/TQSDHI JAMES TQSDHI JAMES/45717			<small>Mailing Address</small> 8512/TQSDHI JAMES TQSDHI JAMES/45717		
<small>3/ Principal Place of Business - No P.O. Box #</small> 12		<small>4/ Mailing Address</small> Suite, Apt. #, etc.			
<small>City & State</small> City & State		<small>5/ FEI Number</small> 59-3612655		<small>Applied For</small> Not Applicable	
<small>6/ Certificate of Status Desired</small> <input type="checkbox"/>		<small>7/ Obn f lboe!Bees f t t pgDvss f ouSf hjt d f e!Bhf ou</small> JONES, WILLIAM F 13100 LITTLE FARMS DR SPRING HILL, FL 34609			
<small>8/ Obn f lboe!Bees f t t pgDvss f ouSf hjt d f e!Bhf ou</small> Name Street Address (P.O. Box Number is Not Acceptable) City		<small>9/ 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.</small> SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		<small>10/ Election Campaign Financing Trust Fund Contribution</small> <input type="checkbox"/>		<small>11/ NbzlCr l Beef etuplG f t</small> 05/24/07-80063-024 150.00	
21/ OFFICERS AND DIRECTORS			22/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	P JONES, WILLIAM F 13100 LITTLE FARMS DR SPRING HILL, FL 34609	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	VST JONES, LOIS R 13100 LITTLE FARMS DR SPRING HILL, FL 34609	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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23/ 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.					
T.HOBUSF;  5-10-07 352-684-1100 <small>T.HOBUSF!BOE!UZOFE!PS!OS!DUE!OBN!PQT!HOD!H!GDS!PS!E!SF!DUPS</small>					