

FILED
 May 18, 2001 8:00 am
 Secretary of State

04-17-2001 90069 029 ***158.75

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

DOCUMENT # PO0000040855
 1. Entity Name Color My Heart Inc

Principal Place of Business: 1038 East Coast Dr Atlantic Beach, FL 32233
 Mailing Address: P.O. Box 49013 Jax Beach, FL 32240

2. Principal Place of Business: 134 Ocean Walk Dr S.
 Suite, Apt. #, etc.
 3. Mailing Address: 3653 Park Pointe Dr
 Suite, Apt. #, etc.

City & State: Atlantic Beach FL
 Zip: 32233 Country: Ovval
 City & State: Lexington KY
 Zip: 40509 Country: USA

4. FEI Number: 59-3647825
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent:
Lynn Suzanne Hascus
1038 East Coast Dr
Atlantic Beach, FL 32233

7. Name and Address of New Registered Agent:
 Name: Rick Mackoul, CPA
 Street Address (P.O. Box Number is Not Acceptable):
134 Ocean Walk Dr South
 City: Atlantic Beach, FL Zip Code: 32233

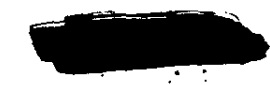
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE: Rick Mackoul, CPA DATE: 5-3-01

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so:
 (See criteria on back)
 FILE MONTH FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <u>President</u> NAME: <u>Lynn Suzanne Hascus</u> STREET ADDRESS: <u>3653 Park Pointe Dr</u> CITY-ST-ZIP: <u>Lexington Ky 40509</u>	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <u>Treasurer</u> NAME: <u>Michael S Hascus</u> STREET ADDRESS: <u>3653 Park Pointe Dr</u> CITY-ST-ZIP: <u>Lexington Ky 40509</u>	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <u>Director</u> NAME: <u>Rick Mackoul</u> STREET ADDRESS: <u>134 Ocean Walk Dr South</u> CITY-ST-ZIP: <u>Atlantic Beach FL 32233</u>	<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
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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 507, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 4/7/01 (859)543-8276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CREC03 (11/00)