


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2006 08:00
Secretary of State

DOCUMENT # P00000046855

1. Entity Name
COLOR MY HEART, INC.



Principal Place of Business
**134 OCEAN WALK DR S.
ATLANTIC BEACH, FL 32233**

Mailing Address
**3653 PARK POINTE DR
LEXINGTON, KY 40509**



02282006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3647825

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

**MACKOUL, RICK CPA
134 OCEAN WALK DR SOUTH
ATLANTIC BEACH, FL 32233**

**DO NOT WRITE
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 reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOSEUS, MICHAEL S
STREET ADDRESS	3653 PARK POINTE DR.
CITY-ST-ZIP	LEXINGTON, KY 40509
TITLE	P
NAME	HOSEUS, L. SUZANNE
STREET ADDRESS	3653 PARK POINTE DR.
CITY-ST-ZIP	LEXINGTON, KY 40509
TITLE	D
NAME	MACKOUL, RICK
STREET ADDRESS	134 OCEAN WALK DR S.
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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03/15/06-60025-008 158.75

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: *[Signature]* **2/25/06** **859-543-8276**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #