


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90181 044 \*\*\*150.00

DOCUMENT # P98000002306			
1. Entity Name DYE VERSIONS, INC.			
Principal Place of Business 1412 NW 7TH ST DANIA, FL 33044		Mailing Address 921 N. O Street P.O. BOX 4906 HOLLYWOOD, FL 33083	
921 N. O Street Lake Worth, FL 33460		921 N. O St. Lake Worth, FL 33460	
2. Principal Place of Business 921 N. "O" ST Suite, Apt. #, etc. Lakeworth, F		3. Mailing Address Suite, Apt. #, etc. City & State City & State 33460	
City & State 33460		City & State	
Zip	Country USA	Zip	Country
6. Name and Address of Current Registered Agent GREENE, WILLIAM 14460 W SAMPLE RD ROMPANO BEACH, FL 33065		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2300 W. Sample Rd. ST. 104 City Coral Springs FL Zip Code 33073	
2300 W. Sample Rd. ST. 104 Coral Springs, FL 33073		2300 W. Sample Rd. ST. 104 Coral Springs FL 33073	
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 _____ 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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D UFRING, LEON 1412 NW 9TH ST DANIA, FL 33004 921 N. O Street Lake Worth, FL 33460	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 921 N. "O" Street Lake Worth, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, LORI 1412 NW 9TH ST DANIA, FL 33004 921 N. O Street Lake Worth, FL 33460	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 921 N. "O" street Lake Worth, FL 33460
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
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
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
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
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: <u>Lori Young</u>		Date: <u>4-11-05</u> Daytime Phone #: <u>954-683-5476</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	