2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 267041

Entity Name: COLPAX INC

FILED Nov 30, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

JOHN FRANKLIN PAXTON 6333 120TH STREET

1400 N W 33RD DRIVE OKEECHOBEE, FL 34972 US POMPANO BEACH, FL 330691102 US

Current Mailing Address: New Mailing Address:

JOHN FRANKLIN PAXTON 6333 120TH STREET

1400 N W 33RD DRIVE OKEECHOBEE, FL 34972 US POMPANO BEACH, FL 330691102 US

FEI Number: 59-1032316 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PAXTON, CRAIG D
JOHN PHILIP PAXTON
1400 N.W. 33RD DR
JOHN STREET

POMPANO BEACH, FL 33069 US OKEECHOBEE, FL 34972 US

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: JOHN PHILIP PAXTON 11/30/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PSD (X) Change () Addition

 Name:
 PAXTON, JOHN FRANKLI, N
 Name:
 PAXTON, CRAIG D

 Address:
 1400 N.W. 33RD DRIVE
 Address:
 133 BRIDGE ARCH LANE

 City-St-Zip:
 POMPANO BEACH, FL 02
 City-St-Zip:
 HUNTSVILLE, AL 35811 US

 Name:
 PAXTON, MARJORIE C,
 Name:
 PAXTON, JOHN PHILIP

 Address:
 1400 N.W. 33RD DRIVE
 Address:
 6333 120TH STREET

 City-St-Zip:
 POMPANO BEACH, FL 02
 City-St-Zip:
 OKEECHOBEE, FL 34972 US

Title: VD (X) Delete Title: () Change () Addition

 Name:
 PAXTON, DAVID LEE,
 Name:

 Address:
 1413 N.W. 33RD DRIVE
 Address:

 City-St-Zip:
 POMPANO BEACH, FL 02
 City-St-Zip:

Title: STD (X) Delete Title: () Change () Addition

 Name:
 PAXTON, CRAIG
 Name:

 Address:
 1400 NW 33RD DR.
 Address:

 City-St-Zip:
 POMPANO BEACH, FL 33069
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN PHILIP PAXTON VP 11/30/2006