2007 NOT-FOR-PROFIT CORPORATION

FILED Apr 16, 2007 8:00 am Secretary of State

2001		PORT	

ANNOAL REPORT					Secretary or State				
1. Entity Nam	MENT # 703700 buse colony, Inc.						90044 034 ****	70.00	
Principal Place 2758 N E 30 LIGHTHOUSE		Mailing Address 2758 N E 30TH AVE LIGHTHOUSE POINT, FL	33064						
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04122007 Chg-NP CR2E037 (12/06)					
City & State		City & State		59-1008856 Not Appl			opplied For lot Applicable		
Zip 	Country	Zip	Country		ertificate of SI		See Requir	iditional ed	
	6. Name and Address of Current F	legistered Agent			ame and Add	ress of New Ro	egistered Agent		
ΜΑΝΩΝΑ7	, KATHLEEN		Name	ZycH,	KOTHE	BENS			
2772 NE 3	OTH AVE APT 8-D OBEACH, FL 33064		Street A	ddress (P.O. Bo)	1	
1 01111 7 111-1	DEFICIT, I E 0000.		City		12 NE BOTH AVE APT SD				
			City	LIGHTH	0050	Point	FL Zip Co	°64	
	named entity submits this statement for ions of registered agent.	Zyu_		·			- 11,2007		
	Signature, typed a printed name of registered agents	no to h applicable. (NOTE:	: Registered Agent signet	ure required when rein		,	DATE		
	Signature, typed a printed name of registered agency Filling Fee is \$61.25 Due by May 1, 2007	9. Election Cam Trust Fund Co	paign Financing	\$5.0		Ma			
10.	Filing Fee is \$61.25	9. Election Cam Trust Fund Co	paign Financing	\$5.0 Added	May Be	M: Flori	DATE ake check payable	State	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Cam Trust Fund Co	paign Financing ontribution.	\$5.0 Added	May Be	M: Flori	DATE ake check payable ida Department of S	State	
TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR ASTD PARRISH, DON 2772 NE 30TH AVE 8-B	9. Election Cam Trust Fund Co	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS	\$5.0 Added	May Be	M: Flori	DATE ake check payable ida Department of S	N 10	
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of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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:	Jeste Best	aper	11,2007
	SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT #7 1. Entity Name LIGHTHOUSE COLOR								
Principal Place of Business 2758 N E 30TH AVE LIGHTHOUSE POINT, FL 3306	,	ling Address 2758 N E 30TH AVE LIGHTHOUSE POINT, FL	33064	400	06104	4		
2. Principal Place of Business - No	P.O. Box # 3.	Mailing Address		400 (e1041 (703700=====N)				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04122007 Chg-NP CR2E037 (12/06)				
City & State		City & State		4. FEI Number 59-100885	6	1 - 1	lied F	
Zip C	ountry	Zip	Country	5. Certificate of Stat	\$8.75 Addit	tional		
6. Name and	Address of Current Regi	stered Agent	Name	7. Name and Add	ress of New Registere	d Agent		
				(P.O. Box Number is Not /	Acceptable)			
			City	·····		Zip Code		
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.							ot	
SIGNATURE Signature, thereof or printer	d name of registered agent and title if	porticable (NOTE Broise	ered Agent signature required when	s re installing)	DATE	<u>.</u>		-
				instanting,				
Filing Fee is Due by May		9. Election Camp Trust Fund Cor		\$5.00 May Be Added to Fees		eck payable to artment of Sta		
10.	OFFICERS AND DIRECTOR		11.	ADDITIONS/CHANGES	TO OFFICERS AND DIREC		(20)	A 4 for
NAME MacDermot	•	☐ Delete	TITLE NAME			☐ Change		Addition
	th Ave. Apt. 11A Point, Fl 33064		STREET ADDRESS CITY-ST-ZIP					
TITLE D		☐ Delete	ПΊΙΕ			☐ Change	a	Addition
NAME Larsen, Baile			NAME STREET ADDRESS					1
	2800 N.E. 30th Ave. Apt. 12A Lighthouse Point, Fl. 33064		CITY-5T-ZIP					
TITLE D Larsen, Hye	r	☐ Delete	TITLE NAME			Change	@	Addition
STREET ADDRESS 2800 N.E. 3	7800 N.F. 30th Ave Apt 12A		STREET ADDRESS					
			CfTY-ST-ZIP				_	
NAME STBOden, Sue		☐ Delete	TITLE NAME			☐ Change		Addition
JINEEL MODITESS	Oth Ave. Apt. 4B Point, Fl 33064		STREET ADDRESS					
TITLE D		☐ Delete	TITLE			Change		Addition
NAME			NAME			_ ,	_	1
STREET ADDRESS			STREET ADDRESS					ĺ
CITY-ST-ZIP			CITY-ST-ZIP					
ппе	<u> </u>	☐ Delete	TITLE			☐ Change		Addition
		☐ Delete	4			Change		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change		Addition
TITLE NAME STREET ADDRESS	plemental report is true and ver or trustee empowered t	ng does not qualify for the d accurate and that my sign o execute this report as req	TITLE NAME STREET ADDRESS CITY-ST-ZIP exemptions contained in	legal effect as it ida Statutes; an i	tutes. I further ce I made under oath; that I d that my name appears i	rtify that the info am an officer or d n Block 10 or Bloc	rmatic	on r