2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000007239

1. Entity Name COLORS PAINTING, INC. OF NEW YORK



05-03-2005 90085 001 ***158.75

May 03, 2005 8:00 am Secretary of State

FILED

Principal Place of Business

8150 VERBECK DRIVE MANLUS, NY 13104

Mailing Address

8150 VERBECK DRIVE MANLUS, NY 13104



04262005

No Chg-P

CR2E034 (10/03)

4. FEI Number 16-1549160 Applied For Not Applicable

5. Certificate of Status Desired

又

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEBER, SHARON 5863 HELICAN PLACE SARASOTA, FL 34238

DO NOT WRITE IN THIS SPACE

The above named entity submits this statement for the the obligations of registered agent.	purpose of changing its registered office or	registered agent, or both, in the State of	Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title	e if applicable. (NOTE: Registered Agent signatu	re required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRE	CTORS			
TITLE PSTD NAME MERTENS, JOSEPHINE CRISTREET ADDRESS 8150 VERBECK DRIVE CITY-ST-ZIP MANLUS, NY	isella 15 maiden name e on business			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	card			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:	IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS				

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:

CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELLE TO THE TOTAL OFFICER OR DIRECTOR

DELLE TO THE TOTAL OFFICER OR DIRECTOR

DELLE TOTAL OR DIRECTOR

DELLE TOTAL OR DIRECTOR

DELL

1/26/05 : 315-1682-924