2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003797

Entity Name: COLOR WHEEL PAINTS & COATINGS, INC.

FILED Apr 25, 2007 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
C/O PROFESSIONAL PAINT, INC. 8600 PARK MEADOWS DR #300 LONE TREE, CO 80126				2814 SILVER STAR RD. ORLANDO, FL 32808		
Current Mailing Address:				New Mailing Address:		
C/O PROFESSIONAL PAINT, INC. 8600 PARK MEADOWS DR #300 LONE TREE, CO 80126			2814 SILVER STAR RD. ATTN: MARY SCHIMMER ORLANDO, FL 32808			
FEI Number: 20-4777620 FEI		FEI Number Applied For ()	er Applied For () FEI Number Not A		cable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US						
The above in the State		ubmits this statement for the purp	ose o	f changing it	s registered o	ffice or registered agent, or both,
SIGNATUR	RE:					
Electronic Signature of Registered Agent Date						
Election Cam	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	TUSSIE, ALFREI	Delete DO A RMEXSADECVBLVDMANUEALAVILAC/ .OMASDECHAPULTEPE, MX 11560	AMAC	Title: Name: Address: City-St-Zip:	TUSSIE, ALFRE	ADOWS DR #300
Title: Name: Address: City-St-Zip:	LEVYIE, MARCO	Delete SO A RMEXSADECVBLVDMANUEALAVILAC/ .OMASDECHAPULTEPE, MX 11560	AMAC	Title: Name: Address: City-St-Zip:	LEVY, MARCOS	ADOWS DR #300
Title: Name: Address: City-St-Zip:	FLORES, JOSEC CONSORCIOCO	Delete DSO R RMEXSADECVBLVDMANUEALAVILAC ,OMASDECHAPULTEPE, MX 11560	AMAC	Title: Name: Address: City-St-Zip:	FLORES, JOSE	ADOWS DR #300
Title: Name: Address: City-St-Zip:	MEYOHAS, MAR	Delete COSO A RMEXSADECVBLVDMANUEALAVILAC/ .OMASDECHAPULTEPE, MX 11560	AMAC	Title: Name: Address: City-St-Zip:	MEYOHAS, MAI	ADOWS DR #300
Title: Name: Address: City-St-Zip:	PD () C CHILD, KENT P 8600 PARK MEA LONE TREE, CO			Title: Name: Address: City-St-Zip:	CHILD, KENT P	ADOWS DR #300
Title: Name: Address:	VST () E COLBOURNE, DA 8600 PARK MEA			Title: Name: Address: City-St-Zip:	COLBOURNE, Î	ADOWS DR #300

I hereby certify that the information supplied with this filing does not qualify 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: DANIEL M. COLBOURNE MR. 04/25/2007