2008 FOR PROFIT CORPORATION

K. La

NAME

STREET ADDRESS

CITY-ST-7P

May 01, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT #F32025 05-01-2008 90195 024 ***150.00 1. Entity Name COLOR CENTER, INC. Principal Place of Business Mailing Address 60036253 C/O DONALD I CARNLEY C/O DONALD J CARNLEY 601 N EGLIN PARKWAY 601 N EGLIN PARKWAY FT WALTON BEACH, FL 32547 FT WALTON BEACH, FL 32547 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. 04072008 Cha-P CR2E034 (12/06) Cily & State City & State 4. FEI Number Applied For 59-2104745 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARNLEY, DONALD J Street Address (P.O. Box Number is Not Acceptable) 601 N EGLIN PARKWAY FORT WALTON BEACH, FL 32547 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE 1111.6 Delete Addition NAME CARNLEY, DONALD J NAME STREET ADDRESS 601 N EGLIN PARKWAY STREET ADDRESS CHY-S1-ZIP FORT WALTON BEACH, FL 32547 CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition CARNLEY, BETTYE J NAME NAME STREET ADDRESS 601 N EGLIN PARKWAY STREET ADDRESS FORT WALTON BEACH, FL 32547 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition

FILED

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 nent with an address, with all other like empowered. changed, or on an attack

NAME

STREET ADDRESS

CITY-ST-7IP

TYPED OR PRINTED NAME OF SIGNING OFFICER DIRECTOR Daytime Phone #