

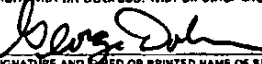


FILED  
Aug 24, 2007 8:00 am  
Secretary of State

07-30-2007 90062 007 \*\*\*150.00

2007 FOR-PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # J72686			
1. Entity Name COLLOIDAL PRODUCTS, INC.			
Principal Place of Business 13200 NW 19 AVE MIAMI, FL. 33167		Mailing Address 13200 NW 19 AVE MIAMI, FL. 33167	
2. Principal Place of Business - Inc. P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FLA.		City & State	
Zip 33167		Country USA	
4. FEI Number 59-2810071		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAM DOBRIN, GEORGE 13200 NW 19 AVE MIAMI, FL. 33167		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL 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 fee if applicable (NOTE: Registered Agent signature required when name change)			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT DOBRIN, GEORGE WILLIAM 13200 NW 19 AVE MIAMI, FL. 33167 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS DABRIN, LUCILLE 13200 NW 19 AVE MIAMI, FL. 33167 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Aug 20, 07 Date of Filing	

July 27, 2007

ATTACHMENT  
66021378  
# 572686

Due to a change in our address we never received a notice in January to pay our annual corporation fee. I sent a check dated July 3, 2007, but it was returned. I am now sending \$150.00 for the annual fee. I spoke to your office and they said they would waive the late fee.

Thank You.

George Dobrin  
Colloidal Products  
100 Winterthur Court  
Fayetteville, GA 30214