2005 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Mar 26, 2005 08:00 AM **DOCUMENT # L03000047036 Secretary of State** 1. Entity Name LUCKY COLOURS LLC Principal Place of Business Mailing Address 2043 SO ATLANTIC AV PO BOX 7396 DAYTONA BEACH SHORES, FL 32116 DAYTONA BEACH SHORES, FL 32116 03182005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0416152 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LUCKY, VICKI-JO DO NOT WRITE 2043 SO ATLANTIC AV DAYTONA BEACH SHORES, FL 32132 IN THIS SPACE 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 ng miture, pardir lank ti name of log do ed age hank the Hana Case. PASAL logisk vid agent agrature og ekt flom his intalliga -Al-Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE LUCKY, VICKI-JO LAME STREET AUDRESS 2043 SO ATLANTIC AV CITY ST ZIP DAYTONA BEACH SHORES, FL 32116 U00000277525 03/26/05-80032-015 50.00 TITLE LAME STREET ADDRESS CITY ST ZIP TITLE LAME STREET ADDRESS DO NOT WRITE CITY ST ZIP IN THIS SPACE TIFLE NAME: STREET ADDRESS CITY ST ZII' TITLE LAME STREET ALORESS CITY ST ZIP

11. Thereby 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 is true and accurate and that me signature shall have the same legal effect as if made under each; that I am a managing member or manager of the firmted hability company or the redelyeach trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE:

TITLE LALRE STREET ADDRESS CITY ST ZIP

> ORIZED REPRESENTATIVE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNA