

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085484

FILED
Apr 22, 2008
Secretary of State

Entity Name: COLOURS INTERNATIONAL, LLC

Current Principal Place of Business:

139 LOQUAT ROAD NE
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

PO BOX 2680
LAKE PLACID, FL 33862

New Mailing Address:

FEI Number: 20-2740809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MILES, ANDREW
2120 58TH AVENUE, SUITE 159
VERO BEACH, FL 32966 US

Name and Address of New Registered Agent:

ARNONE, SMITH P PAMELA
139 LOQUAT RD NE
LAKE PLACID, FL 33852 US

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.

SIGNATURE: PAMELA ARNONE

04/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ARNONE, PAMELA S
Address: PO BOX 2680
City-St-Zip: LAKE PLACID, FL 33862

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
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Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ARNONE, PAMELA S PAMELA
Address: PO BOX 2680
City-St-Zip: LAKE PLACID, FL 33862

Title: DIR () Change (X) Addition
Name: ARNONE, GREG GREG
Address: PO BOX 2680
City-St-Zip: LAKE PLACID, FL 33862

Title: DIR () Change (X) Addition
Name: ARNONE, LAUREN LAURNE
Address: 11121 SUNUP LANE
City-St-Zip: ORLANDO, FL 32825

Title: DIR () Change (X) Addition
Name: ARNONE, PAMELA P PAMELA
Address: PO BOX 2680
City-St-Zip: LAKE PLACID, FL 33862

Title: DIR () Change (X) Addition
Name: ARNONE, PAMELA P PAMELA
Address: PO BOX 2680
City-St-Zip: LAKE PLACID, FL 33862

Title: DIR () Change (X) Addition
Name: ARNONE, PAMELA P PAMELA
Address: PO BOX 2680
City-St-Zip: LAKE PLACID, FL 33862

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PAMELA SMITH ARNONE

MNGR

04/22/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date