
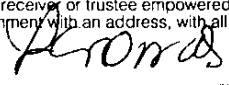


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90025 013 ***158.75

DOCUMENT # L49495 1. Entity Name COLORS CUSTOM FURNITURE, INC.					
Principal Place of Business 3962 NE 5TH TERRACE OAKLAND PARK, FL 33334 US			Mailing Address 3962 NE 5TH TERRACE OAKLAND PARK, FL 33334 US		
2. Principal Place of Business 3000 NW 23rd Ave. Suite, Apt. #, etc.		3. Mailing Address 3000 NW 23rd Ave. Suite, Apt. #, etc.			
City & State Oakland Park		City & State Oakland Park		4. FEI Number 65-0186280	
Zip 33311		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VAN OORDT, RUTH 3962 NW 5TH TERR OAKLAND PARK, FL 33334				7. Name and Address of New Registered Agent Name Van Oordt Ruth. Street Address (P.O. Box Number is Not Acceptable) 3000 NW 23rd Ave. City Oakland Park FL Zip Code 33311	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST VAN-OORDT, RUTH 3962 NE 5TH TERR OAKLAND PARK, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sec. Treas. van Oordt Ruth 3000 NW 23rd Ave Oakland Park FL 33311	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OORDT, LUIS VAN 3962 NE 5TH TERR OAKLAND PARK, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VAN OORDT LUIS 3000 NW 23rd Ave Oakland Park FL 33311	
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	
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: 			07/06/06 954-4864849		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		