

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007312

FILED
Apr 30, 2005
Secretary of State

Entity Name: ARTS OF COLOR PRODUCTIONS, INC.

Current Principal Place of Business:

1953 TAFT ST REAR
HOLLYWOOD, FL 33020 US

New Principal Place of Business:

P.O. BOX 3002
WEST PALM BEACH, FL 33402 US

Current Mailing Address:

PO BOX 960183
MIAMI, FL 33296

New Mailing Address:

PO BOX 3002
WEST PALM BEACH, FL 33402

FEI Number: 43-2026237

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RENAUD, MAEVA G
1953 TAFT STREET, REAR
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

RENAUD, MAEVA G
P.O. BOX 3002
WEST PALM BEACH, FL 33402 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: MAEVA RENAUD

04/30/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: RENAUD, MAEVA G
Address: 1953 TAFT STREET, REAR
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: VICE () Delete
Name: BRACKENRIDGE, YANNICK
Address: 1953 TAFT STREET, REAR
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: BM () Delete
Name: JAMES, MICHELLE
Address: 5308 NW 190TH STREET
City-St-Zip: MIAMI, FL 33055 US

Title: BM () Delete
Name: JAMES, CLAYTON
Address: 5308 NW 190TH STREET
City-St-Zip: MIAMI, FL 33055 US

Title: BM () Delete
Name: SPENCER, DEZRENE
Address: 12045 SW 5TH COURT
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: BM () Delete
Name: HENRY, NARDA
Address: 15375 NE 1ST COURT
City-St-Zip: MIAMI, FL 33162 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: RENAUD, MAEVA G
Address: P.O. BOX 3002
City-St-Zip: WEST PALM BEACH, FL 33402 US

Title: BM (X) Change () Addition
Name: BRACKENRIDGE, YANNICK
Address: P.O. BOX 694285
City-St-Zip: MIAM, FL 33269 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAEVA RENAUD

PRES

04/30/2005

Electronic Signature of Signing Officer or Director

Date