2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008
Secretary of State

DOCUMENT# N07000007911

Entity Name: COLORITLOVE.ORG, INC.

Current Principal Place of Business:

1401 RIVERPLACE BLVD.
APT. # 1607
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

1401 RIVERPLACE BLVD.
APT. # 1607
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 44-2248243 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HOWARD, VERNON L
1401 RIVERPLACE BLVD.
APT. # 1607
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HOWARD, VERNON L
Address: 1401 RIVERPLACE BLVD.
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: VP ( ) Delete
Name: OGURA, YUKIE
Address: 1401 RIVERPLACE BLVD.
City-St-Zip: JACKSONVILLE, FL 32207 US

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SE ( ) Change (X) Addition
Name: MOCAS, MARK B
Address: 1475 HERITAGE ESTATES TRCE
City-St-Zip: JACKSONVILLE, FL 32220 US

Title: DR ( ) Change (X) Addition
Name: MARTIN, FAYE B
Address: 8014 JOFFRE DR.
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: DR ( ) Change (X) Addition
Name: COGDELL, VANCE W
Address: 4057 CLEARBROOK COVE RD.
City-St-Zip: JACKSONVILLE, FL 32218 US

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 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: VERNON L. HOWARD P 05/12/2008

Electronic Signature of Signing Officer or Director — Date