

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003871

FILED  
Jul 20, 2009  
Secretary of State

Entity Name: PRINCESSES OF COLOR, INC.

**Current Principal Place of Business:**

5102 CHARDONNAY DR.  
CORAL SPRINGS, FL 33067

**New Principal Place of Business:**

**Current Mailing Address:**

5102 CHARDONNAY DR.  
CORAL SPRINGS, FL 33067

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)  
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:**

**Name and Address of New Registered Agent:**

LOGAN, ANDREW G  
5102 CHARDONNAY DR.  
CORAL SPRINGS, FL 33067 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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LOGAN, ANDREW G  
Address: 5102 CHARDONNAY DR.  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D ( ) Delete  
Name: REDMOND, TARA  
Address: 5102 CHARDONNAY DR.  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D ( ) Delete  
Name: LOGAN, MINDY  
Address: 199 AFTON SQ., #111  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: LOGAN, MINDA  
Address: 199 AFTON SQ., #111  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: ANDREW G LOGAN

D

07/20/2009

Electronic Signature of Signing Officer or Director

Date