

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2006 08:00**  
**Secretary of State**

**DOCUMENT # P00000046855**

1. Entity Name  
**COLOR MY HEART, INC.**



Principal Place of Business  
**134 OCEAN WALK DR S.  
ATLANTIC BEACH, FL 32233**

Mailing Address  
**3653 PARK POINTE DR  
LEXINGTON, KY 40509**



02282006 No Chg-P CRZE034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3647825</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fees Required	

**6. Name and Address of Current Registered Agent**

**MACKOUL, RICK CPA  
134 OCEAN WALK DR SOUTH  
ATLANTIC BEACH, FL 32233**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOSEUS, MICHAEL S 3653 PARK POINTE DR. LEXINGTON, KY 40509
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOSEUS, L. SUZANNE 3653 PARK POINTE DR. LEXINGTON, KY 40509
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACKOUL, RICK 134 OCEAN WALK DR S. ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000454679  
03/15/06-80025-008 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/25/06**

Date

**859-543-8276**

Daytime Phone #