

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2006 08:00 AN Secretary of State DOCUMENT # P00000111253 1. Entity Name COLOR SMART, INC. Principal Place of Business Mailing Address 44005 STATE RD 64 EAST 44005 STATE RD 64 EAST MYAKKA CITY, FL 34251 MYAKKA CITY, FL 34251 04242006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1060265 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SNYDER, DONALD H JR. DO NOT WRITE 5603 26TH ST. WEST BRADENTON, FL 34207 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) H00000537827 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 US/09/06-20035-003 150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE KRESHO, RICHARD A MAME STREET ADDRESS 44005 STATE RD 64 EAST CITY-ST-ZIP MYAKKA CITY, FL 34251 TITLE NAME STREET ADDRESS CITY-ST-ZIP TATLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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.

SI	G	N	Δ	ri i	R	F

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10HORD