### \*2006 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # P01000065746

1. Entity Name
BRILLIANCE IN COLOR INC



Principal Place of Business

120 CHARLOTTE STREET ST. AUGUSTINE, FL 32084

HALL, CHARLES E JR.

ST. AUGUSTINE, FL 32084

77 ALMERIA ST.

SIGNATURE:

Mailing Address

120 CHARLOTTE STREET ST. AUGUSTINE, FL 32084

## FILED Mar 10, 2006 8:00 am Secretary of State

03-10-2006 90011 013 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

02142006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

5. Certificate of Status Desired

59-3727697

Not Applicable
\$8.75 Additional
Fee Required

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					
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			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUTTER, LEONARD O 120 CHARLOTTE STREET ST. AUGUSTINE, FL 32084				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CUTTER, SONYA D 120 CHARLOTTE STREET ST. AUGUSTINE, FL 32084				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CUTTER, MATTHEW J 120 CHARLOTTE STREET ST. AUGUSTINE, FL 32084			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CUTTER, MARK A 120 CHARLOTTE STREET ST. AUGUSTINE, FL 32084	,		IN :	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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.					

# ATTACHMENT

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

#### DOCUMENT # P01000065746 1. Entity Name BRILLIANCE IN COLOR INC Principal Place of Business Mailing Address 40028338 120 CHARLOTTE STREET 120 CHARLOTTE STREET ST. AUGUSTINE, FL 32084 ST. AUGUSTINE, FL 32084 No Chg-P CR2E034 (11/05) 02142006 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3727697 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HALL, CHARLES E JR. **NOT WRITE** 77 ALMERIA ST. ST. AUGUSTINE, FL 32084 or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent. equired when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$5 Added to Fees 10. TITLE CUTTER, LEONARD NAME STREET ADDRESS 120 CHARLOTTE STREET CITY-ST-ZIP ST. AUGUSTINE, FL 32084 SO TITLE CUTTER, SONYA D NAME STREET ADDRESS 120 CHARLOTTE STREET CITY - ST - ZIP ST. AUGUSTINE, FL 32084 TITLE NAME CUTTER, MATTHEW J STREET ADDRESS 120 CHARLOTTE STREET DO NOT WRITE CITY-ST-7IP ST. AUGUSTINE, FL 32084 TITLE TD IN THIS SPACE NAME CUTTER, MARK A 120 CHARLOTTE STREET STREET ADDRESS CITY-ST-ZIP ST. AUGUSTINE, FL 32084 TITLE NAME STREET ADORESS CITY+ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP 12. Thereby 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.

Date

Davime Phone #