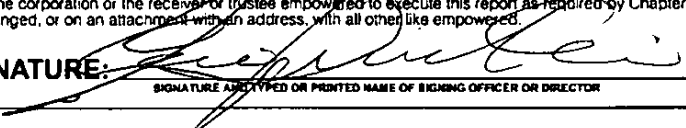


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2006 8:00 am
Secretary of State

05-09-2006 90066 041 ***150.00

DOCUMENT # P02000051360			
1. Entity Name FABULOUS COLOURS USA, INC.			
Principal Place of Business FABULOUS COLOURS, INC. 24 MAGIL D.D.O. MONTREAL, QUEBEC, CA H9G1N-3		Mailing Address 5631 COACH HOME CIRCLE C BOCA RATON, FL 33486	
2. Principal Place of Business 5631 Coach Home Circle		3. Mailing Address 5631 Coach Home Circle	
Suite, Apt. #, etc. G		Suite, Apt. #, etc. G	
City & State Boca Raton FL		City & State Boca Raton FL	
Zip 33486	Country U.S.A.	Zip 33486	Country U.S.A.
4. FEI Number 68-0507613		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRAUNSTEIN, ERIC 5631 COACH HOUSE CIRCLE C BOCA RATON, FL 33486		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reappointing) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST. ☐ Delete BRAUNSTEIN, ERIC 5631 COACH HOME CIRCLE UNIT C BOCA RATON, FL 33486	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		6/14/06 Date Daytime Phone #	

66021130

