2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-09-2006 90066 041 ***150.00

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1. Entity Name
FABULOUS COLOURS USA, INC.

Principal Place of Business	Mailing Address
FABULOUS COLOURS, INC. 24 MAGIL D.D.O. MONTREAL, QUEBEC, CA H9G1N-3	5631 COACH HOME CIRCLE C BOCA RATON, FL 33486

04292006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
5631 Coach Home Circle		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 ______________________________
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BRAUNSTEIN, ERIC 5631 COACH HOME CIRCLE UNIT C BOCA RATON, FL 33486	☐ 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: [signature] 6/14/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #