2007 FOR PROFIT CORPORATION

Mar 14, 2007 08:00 AM ANNUAL REPORT **Secretary of State** DOCUMENT # P02000076422 ARRAY OF COLOR, INC. Principal Place of Business Mailing Address **504 SW SANCTUARY PLACE** 504 SW SANCTUARY PLACE PORT ST. LUCIE, FL 34986 PORT ST. LUCIE, FL 34986 No Chg-P CR2E034 (11/05) 01292007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 46-0494984 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MARKOWITZ, RONALD DO NOT WRITE 504 SW SANCTUARY DR PORT SAINT LUCIE, FL 34986 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) 9. Election Campaign Financing \$5.00 May Be U000000665921 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 03/23/07-80049-020 150.00 10. OFFICERS AND DIRECTORS TITLE MANKOWITZ, RONALD NAME STREET ADDRESS 504 SW SANCTUARY DR CITY-ST-ZIP PORT SAINT LUCIE, FL 34986 TITLE MARKOWITZ, RITA STREET ADDRESS 504 SW SANCTUARY DR CITY-ST-ZIP PORT SAINT LUCIE, FL 34986 TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 of the corporation or the receiver or trustee empowered to ntal 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 tustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

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

FILED