## 2008 FOR PROFIT CORPORATION

## Apr 18, 2008 08:00 A Secretary of State **ANNUAL REPORT** 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 CR2E034 (11/05) 01302008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 46-0494984 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 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 DATE 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U00000905833 <del>05/01/08-80068-011 150.0</del>0 OFFICERS AND DIRECTORS 10. TITLE MANKOWITZ, RONALD NAME STREET ADDRESS 504 SW SANCTUARY DR PORT SAINT LUCIE, FL 34986 CITY-ST-ZIP TITLE MARKOWITZ, RITA NAME. 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 TITLE NAME

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 a

SIGNATURE:

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

**FILED**