2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000084994

Entity Name: MASTERCOLORS, INC.

FILED Jan 25, 2006 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

683 MOURNING DOCE CIR
683 MOURNING DOVE CIR
LAKE MARY, FL 32746
LAKE MARY, FL 32746

Current Mailing Address: New Mailing Address:

683 MOURNING DOCE CIR
683 MOURNING DOVE CIR
LAKE MARY, FL 32746
LAKE MARY, FL 32746

FEI Number: 56-2285964 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GUNTHER, CLAUDIA A
683 MOURNING DOCE CIR
683 MOURNING DOVE CIR
683 MOURNING DOVE CIR
684 MOURNING DOVE CIR
685 MOURNING DOVE CIR
686 MOURNING DOVE CIR
687 MOURNING DOVE CIR
688 MOURNING DOVE CIR
680 MOURNING DOVE CIR

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.

SIGNATURE: 01/25/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

PSD () Delete Title: PSD (X) Change () Addition

Name:GUNTHER, CLAUDIA AName:GUNTHER, CLAUDIA AAddress:683 MOURNING DOCE CIRAddress:683 MOURNING DOVE CIRCity-St-Zip:LAKE MARY, FL 32746City-St-Zip:LAKE MARY, FL 32746

Title: VTD () Delete Title: VTD (X) Change () Addition

Name:GUNTHER, JUAN CARLOSName:GUNTHER, JUAN CARLOSAddress:683 MOURNING DOCE CIRAddress:683 MOURNING DOVE CIRCity-St-Zip:LAKE MARY, FL 32746City-St-Zip:LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDIA A. GUNTHER PSD 01/25/2006