

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000002250

1. Entity Name
COLOUR CONCEPTS, INC.



Principal Place of Business

13141 SPRING HILL DRIVE
SPRING HILL, FL 34609

Mailing Address

13141 SPRING HILL DRIVE
SPRING HILL, FL 34609

**FILED
Jan 17, 2008 08:00 AM
Secretary of State**

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 57-1143681	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent

VIRGILIO, RAYMOND P
7211 HIAWATHA PARKWAY
SPRING HILL, FL 34606

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME HANKS, CARRIE J
STREET ADDRESS 13141 SPRING HILL DRIVE
CITY- ST-ZIP SPRING HILL, FL 34609

TITLE
NAME
STREET ADDRESS
CITY- ST-ZIP

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: *Carrie J. Hanks* CARRIE J. HANKS X 1-14-08 852-6838184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #