2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000056247

Entity Name: COLORFUL HOMES INC.

FILED Jan 25, 2006 Secretary of State

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

911 S W 29TH TERR 23176 ABERDEEN AVE.

CAPE CORAL, FL 33914 PORT CHARLOTTE, FL 33952

Current Mailing Address: New Mailing Address:

911 S W 29TH TERR 23176 ABERDEEN AVE.

CAPE CORAL, FL 33914 PORT CHARLOTTE, FL 33952

FEI Number: 38-3327081 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

RIEMAN, JASON RIEMAN, JASON 911 S W 29TH TERR. 23176 ABERDEEN AVE.

CAPE CORAL, FL 33914 US PORT CHARLOTTE, FL 33952 US

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: JASON REIMAN 01/25/2006

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

RIEMAN, JASON Name: Name: RIEMAN, JASON 911 S W 29TH TERR. 23176 ABERDEEN AVE. Address: Address: City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip: PORT CHARLOTTE, FL 33952

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

TROUTMAN, BRETT Name: Name: REIMAN, DAWN 510 NE 13TH AVENUE Address: 23176 ABERDEEN AVE. Address: PORT CHARLOTTE, FL 33952 CAPE CORAL, FL 33991 City-St-Zip: City-St-Zip:

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: JASON RIEMAN PD 01/25/2006