

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000102381

FILED
Apr 28, 2006
Secretary of State

Entity Name: KEVIN'S COLOR EXPLOSION, INC.

Current Principal Place of Business:

2413 SW SANSOM LANE
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

2413 SW SANSOM LANE
PORT ST. LUCIE, FL 34953 US

New Mailing Address:

FEI Number: 90-0113509

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEVIN, MCCLUSKEY H
2107 10TH AVENUE
SEBRING, FL 33875 US

Name and Address of New Registered Agent:

KEVIN, MCCLUSKEY H
185 SE BAYA AVE
LAKE CITY, FL 32025 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: KEVIN H. MCCLUSKEY

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCCLUSKEY, KEVIN H
Address: 2107 10TH AVENUE
City-St-Zip: SEBRING, FL 33875

Title: VP () Delete
Name: MCCLUSKEY, FRANCES K
Address: 2107 10TH AVENUE
City-St-Zip: SEBRING, FL 33875

Title: TREA () Delete
Name: MUCIENKO, ANGELA C
Address: 2413 SW SANSOM LANE
City-St-Zip: PORT ST. LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCCLUSKEY, KEVIN H
Address: 185 SE BAYA AVE
City-St-Zip: LAKE CITY, FL 32025

Title: VP (X) Change () Addition
Name: MCCLUSKEY, FRANCES K
Address: 185 SE BAYA AVE
City-St-Zip: LAKE CITY, FL 32025

Title: () Change () Addition
Name:
Address:
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: ANGELA C MUCIENKO

TREA

04/28/2006

Electronic Signature of Signing Officer or Director

Date