

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000113454

Entity Name: COLORFAUX CREATIONS, INC.

FILED
May 10, 2006
Secretary of State

Current Principal Place of Business:

4225 HILLSDALE DRIVE
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

1928 LIBBY COURT
HOLIDAY, FL 34690

Current Mailing Address:

4225 HILLSDALE DRIVE
NEW PORT RICHEY, FL 34652

New Mailing Address:

1928 LIBBY COURT
HOLIDAY, FL 34690

FEI Number: 20-0321719

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BECK, SUZANNE
4225 HILLSDALE DRIVE
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

BECK, SUZANNE
1928 LIBBY COURT
HOLIDAY, FL 34690 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: SUZANNE BECK

05/10/2006

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:

Title: PD () Delete
Name: BECK, JAMES
Address: 4225 HILLSDALE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD () Delete
Name: BECK, SUZANNE
Address: 4225 HILLSDALE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BECK, JAMES
Address: 1928 LIBBY COURT
City-St-Zip: HOLIDAY, FL 34690

Title: TD (X) Change () Addition
Name: BECK, SUZANNE
Address: 1928 LIBBY COURT
City-St-Zip: HOLIDAY, FL 34690

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: SUZANNE BECK

TD

05/10/2006

Electronic Signature of Signing Officer or Director

Date