


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90019 021 ***150.00

DOCUMENT # P03000122031 1. Entity Name LONDON MULTICOLORS PAINTS, INC.																										
Principal Place of Business 4668 CASON COVE DR APT 222 ORLANDO, FL 32811		Mailing Address P.O. BOX 617583 ORLANDO, FL 32805																								
2. Principal Place of Business - No P.O. Box # 1542 MATADOR DR <small>Suite, Apt. #, etc.</small>	3. Mailing Address 1542 MATADOR DR <small>Suite, Apt. #, etc.</small>																									
City & State GOTH4, FL	City & State GOTH4, FL																									
Zip 34734	Country U.S.A.	Zip 34734																								
Country U.S.A.		Country U.S.A.																								
6. Name and Address of Current Registered Agent LONDONO, ALEJANDRO 4668 CASON COVE DR APT 222 ORLANDO, FL 32811																										
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																										
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 obligation of registered agent. SIGNATURE: <u>Alejandro Londono</u> Jan. 13 - 2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																								
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 30%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LONDONO, ALEJANDRO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1049 S HIAWASSEE RD # 3421</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ORLANDO, FL 32835</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 30%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>NAME</td> <td>LONDONO, ALEJANDRO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1542 MATADOR DR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>GOTH4, FL 34734</td> <td></td> </tr> </table> </div> </div>			TITLE	P	<input type="checkbox"/> Delete	NAME	LONDONO, ALEJANDRO		STREET ADDRESS	1049 S HIAWASSEE RD # 3421		CITY - ST - ZIP	ORLANDO, FL 32835		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	LONDONO, ALEJANDRO		STREET ADDRESS	1542 MATADOR DR		CITY - ST - ZIP	GOTH4, FL 34734	
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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: <u>Alejandro Londono</u> Jan. 13 - 2007 821-2397630 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																										

00017100



01132007 Chg-P CR2E034 (12/06)

4. FEI Number
20-0414718
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**