2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000144322

Entity Name: CUSTOM COLORS, INC.

FILED Sep 21, 2005 Secretary of State

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

6236 SWEETWATER DRIVE W. 1504 HALLAM DR. LAKELAND, FL 33811 LAKELAND, FL 33813

Current Mailing Address: New Mailing Address:

PO BOX 5574 1504 HALLAM DR. LAKELAND, FL 33807 LAKELAND, FL 33813

FEI Number: 20-0463300 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:

BURNSIDES, EVERETT A JR.

6236 SWEETWATER DRIVE W.

LAKELAND, FL 33811 US

BURNSIDES, EVERETT A JR.

1504 HALLAM DR.

LAKELAND, FL 33813 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: 09/21/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition
Name: CORBITT, PHILLIP A Name: BURNSIDES, EVERETT A JR.
Address: 6236 SWETWATER DRIVE W. Address: 1504 HALLAM DR.

Address: 6236 SWETWATER DRIVE W. Address: 1504 HALLAM DR.
City-St-Zip: LAKELAND, FL 33811 City-St-Zip: LAKELAND, FL 33813

Title: VP () Delete Title: VP (X) Change () Addition Name: BURNSIDES, EVERETT A Name: BURNSIDES, AMY S

 Name:
 BURNSIDES, EVERETT A
 Name:
 BURNSIDES, AMY S

 Address:
 750 FAIRWAY AVENUE
 Address:
 1504 HALLAM DR.

 City-St-Zip:
 LAKELAND, FL 338012435
 City-St-Zip:
 LAKELAND, FL 33813

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

 Name:
 Name:
 FOX, MICHAEL L

 Address:
 Address:
 1504 HALLAM DR

 City-St-Zip:
 City-St-Zip:
 LAKELAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: AMY S. BURNSIDES VP 09/21/2005