

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
May 04, 2007
Secretary of State**

DOCUMENT# P04000051136

Entity Name: COLORATIONS PAINTING OF BAY COUNTY, INC.

Current Principal Place of Business:

4037 VOYLES ROAD
SOUTHPORT, FL 32409 US

New Principal Place of Business:

Current Mailing Address:

4037 VOYLES ROAD
SOUTHPORT, FL 32409 US

New Mailing Address:

FEI Number: 20-0906323 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHOFIELD, LISA
4037 VOYLES ROAD
SOUTHPORT, FL 32409 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: SPANN, JOSEPH L
Address: 4037 VOYLES ROAD
City-St-Zip: SOUTHPORT, FL 32409 US

Title: VP () Delete
Name: SCHOFIELD, LISA
Address: 4037 VOYLES ROAD
City-St-Zip: SOUTHPORT, FL 32409 US

Title: VP () Delete
Name: FORAN, JONATHAN
Address: 4037 VOYLES RD
City-St-Zip: SOUTHPORT, FL 32409 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: FORAN, APRIL
Address: 4037 VOYLES ROAD
City-St-Zip: SOUTHPORT, FL 32409 US

I hereby certify that the information supplied with this filing does not qualify 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: LISA SCHOFIELD

VP

05/04/2007

Electronic Signature of Signing Officer or Director

Date