

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


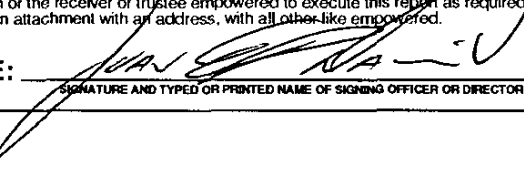
**FILED**  
**Aug 23, 2005 8:00 am**  
**Secretary of State**

08-23-2005 90015 001 \*\*\*\*\*8.75  
08-23-2005 90015 002 \*\*\*150.00

66026186



08172005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P04000083821</b>			
1. Entity Name <b>KINGDOM'S COLOR, INC.</b>			
Principal Place of Business <b>11741 TERRABELLA BLVD PLANTATION, FL 33325</b>		Mailing Address <b>11741 TERRABELLA BLVD PLANTATION, FL 33325</b>	
2. Principal Place of Business <b>643 VISTA ISLE DR.</b>		3. Mailing Address <b>643 VISTA ISLE DR.</b>	
Suite, Apt. #, etc. <b>SUITE #1813</b>		Suite, Apt. #, etc. <b>SUITE #1813</b>	
City & State <b>PLANTATION, FL.</b>		City & State <b>PLANTATION, FL</b>	
Zip <b>33325</b>	Country <b>USA.</b>	Zip <b>33325</b>	Country <b>USA.</b>
4. FEI Number <b>20-1175661</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <b>*</b>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>PALACIO, JUAN E 11741 TERRABELLA BLVD PLANTATION, FL 33325</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALACIO, JUAN E 11741 TERRABELLA BLVD PLANTATION, FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALACIO, JUAN E. 643 VISTA ISLE DR. PLANTATION, FL. 33325 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			