
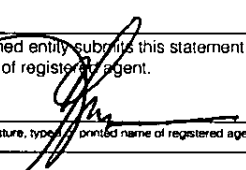
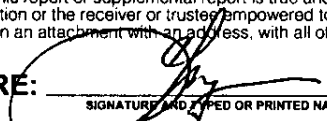


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90304 049 ***158.75

DOCUMENT # P05000046610 1. Entity Name AN EYE FOR COLOR, INC.																													
Principal Place of Business 130 24TH AVE NORTH ST PETERSBURG, FL 33704			Mailing Address 130 24TH AVE NORTH ST PETERSBURG, FL 33704																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
6. Name and Address of Current Registered Agent LANZA, CORINNE K 130 24TH AVE NORTH ST PETERSBURG, FL 33704				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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:  (NOTE: Registered Agent signature required when reinstating) DATE: 4/28/06																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LANAZA, CORINNE K</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>130 24TH AVE NORTH</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ST PETERSBURG, FL 33704</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	LANAZA, CORINNE K		STREET ADDRESS	130 24TH AVE NORTH		CITY - ST - ZIP	ST PETERSBURG, FL 33704		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">Director D</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>LANZA, CORINNE K.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>130 - 24TH AVE. NO.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ST. PETE., FL. 33704</td> <td></td> </tr> </table>			TITLE	Director D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	LANZA, CORINNE K.		STREET ADDRESS	130 - 24TH AVE. NO.		CITY - ST - ZIP	ST. PETE., FL. 33704	
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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:  DATE: 4/28/06 727-798-2770 <small>SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													