2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007
Secretary of State

DOCUMENT# P05000082411

Entity Name: COLORS & ILLUSIONS INC.

Current Principal Place of Business:

194 RIVERWALK CIRCLE
SUNRISE, FL 33326

New Principal Place of Business:

833 FALLING WATER RD.
WESTON, FL 33326

Current Mailing Address:

194 RIVERWALK CIRCLE
SUNRISE, FL 33326

New Mailing Address:

833 FALLING WATER RD.
WESTON, FL 33326

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FAJARDO, SUSAN
194 RIVERWALK CIRCLE
SUNRISE, FL 33326 US

Name and Address of New Registered Agent:

FAJARDO, SUSAN
833 FALLING WATER RD
WESTON, FL 33326 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: _____ 04/18/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FAJARDO, SUSAN
Address: 194 RIVERWALK CIRCLE
City-St-Zip: SUNRISE, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FAJARDO, SUSAN
Address: 833 FALLING WATER RD.
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN FAJARDO P 04/18/2007
Electronic Signature of Signing Officer or Director — Date