

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000096130

1. Entity Name
CUSTOM COLORS DONE RIGHT INC.



Principal Place of Business
1935 SPRING AVE
OVIDEO, FL 32766

Mailing Address
1935 SPRING AVE
OVIDEO, FL 32766

2. Principal Place of Business
2005 First Street
Suite, Apt. #, etc.
City & State
Chuluota, FL
Zip 32766 Country USA
3. Mailing Address
P.O. Box 620952
Suite, Apt. #, etc.
City & State
Oviedo, FL
Zip 32762-0952 Country USA

6. Name and Address of Current Registered Agent

BOWLS, CHARLES D
1935 SPRING AVE
OVIDEO, FL 32766

Name Charles D. Bowles
Street Address (P.O. Box Number is Not Acceptable)
2005 First Street

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 *Charles D. Bowles*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/5/06
DATE

FILE NOW!!! FEE IS \$150.00
Due by September 15, 2006

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 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	P BOWLES, CHARLES DALE 1938 SPRING AVENUE OVIDEO, FL 32765	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Bowles, Charles Dale 2005 First Street Chuluota, FL 32766	<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
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
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 exemptions contained in Chapter 118, 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: *Charles D. Bowles* 9/5/06 407-971-0050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #

**FILED
Sep 08, 2006 8:00 am
Secretary of State**

09-08-2006 90001 038 ***158.75

60038613



09052006 Chg-P CR2E034 (11/05)

4. FEI Number
061752338
Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name Charles D. Bowles
Street Address (P.O. Box Number is Not Acceptable)
2005 First Street
City Chuluota
FL Zip Code 32766