2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 02, 2008 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # P05000123026 1. Entity Name ILLUSSIONS WITH COLOR INC.						06-02-2008	90005 047 ***15	50.00
Principal Place of Business Mailing Address								
1245 PALM BAY RD NE APT U201 PALM BAY, FL 32905		1245 PALM BAY RD NE APT U201 PALM BAY, FL 32905						
2 Principal Place	e of Business - No P.O. Box #	3. Mailing Address						
2. Finicipal Frace	9 OF DUSINESS - NO P.O. BOX #	3. Mailing Address			EOIOJ DAIJA EDIA EDEA EDIA	01 010 0 00 3 CO 0 0 0		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			05132008	Chg-P	CR2E034 (12/06)	
City & State		City & State		4. FEI Numbe 20-344			pplied For ot Applicable	
Zip	Country Zip Cou		Coun	try		of Status Desired	\$8.75 Ad	ditional
	6. Name and Address of Current R	egistered Agent			7. Name and	Address of New R		30
				Name				
DALGALARRANDO, IVAN G 1245 PALM BAY RD NE APT U201 PALM BAY, FL 32905			Street Address (P.O. Box Number is Not Acceptable)					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u>.</u>						
			City	FL Zip Code				
8. The above nar	med entity submits this statement for	the purpose of changing its	register	ed office or regis	stered agent, or bo	th, in the State of Flo	orida. I am familiar with	, and accept
the obligations of registered agent.								
SIGNATURE								
, sign	nature, typed or printed name or registered agent at	d the inapplication. (110) is	rogiativo	O Agent algranare rec	SIDE WILLIAM STATE OF THE STATE		54,2	
FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing Trust Fund Contribution.					\$5.00 May Be Added to Fees		vith s. 607.193(2)(b), not receive the prior	
10.`	OFFICERS AND D	DIRECTORS	11.		ADDITIONS,	CHANGES TO OFF	ICERS AND DIRECTOR	IS IN 11
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1			NAM STRE	ET ADDRESS				į
1				-ST-ZIP				
	DV Delete TITI		TITL	E			☐ Change	Addition
1 .	URBINA, BARBARA R			E ADDRESS				
				-ST-ZIP				
TOLE			TITU	E	•		☐ Change	☐ Addition
NAME			NAM					
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NAME			NAM					
STREET ADDRESS								
CITY-ST-ZIP				ET ADDRESS -ST-ZIP				

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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2008 Annual Report

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** The document number, business name and file date cannot be changed on the report. **

Document Number

P05000123026

Business Entity Name ILLUSSIONS WITH COLOR INC.

Original File Date

09/07/2005

FEI Number

20-3444490

Principal Address 1245 PALM BAY RD NE APT U201 PALM BAY, FL 32905

Mailing Address

1245 PALM BAY RD NE APT U201

PALM BAY, FL 32905

IVAN G DALGALARRANDO

Registered Agent 1245 PALM BAY RD NE APT U201

PALM BAY, FL 32905

Officer/Director Name And Address

DP **IVAN G DALGALARRANDO** 1245 PALM BAY RD NE APT U201 PALM BAY, FL 32905

BARBARA R URBINA 1245 PALM BAY RD NE APT U201 PALM BAY, FL 32905

If all of the above information is correct and you do not wish to make any changes, please select:

No Changes

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Make Changes

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