
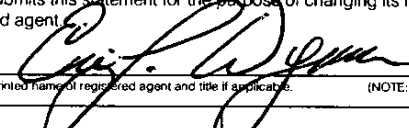
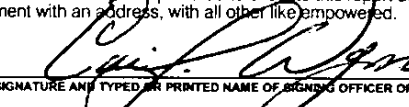


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90068 017 ***150.00

DOCUMENT # P06000029222					
1. Entity Name COLONY PROPERTIES & HOLDINGS, INC.					
Principal Place of Business 1783 BRUMAN TERRACE MELBOURNE, FL 32935			Mailing Address 1783 BRUMAN TERRACE MELBOURNE, FL 32935		
2. Principal Place of Business - No P.O. Box # 3544 BORDOCH AVE <small>Suite, Apt. #, etc.</small>		3. Mailing Address P.O. BOX 120877 <small>Suite, Apt. #, etc.</small>			
City & State West Melbourne FL		City & State West Melbourne FL		4. FEI Number 20-4461413	
Zip 32904		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WYNN, ERIC 1783 BRUMAN TERRACE MELBOURNE, FL 32935			7. Name and Address of New Registered Agent Name: ERZL WYNN Street Address (P.O. Box Number is Not Acceptable): 3544 BORDOCH AVE City: West Melbourne FL Zip Code: 32904		
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:  DATE: 1-16-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: P NAME: WYNN, ERIC STREET ADDRESS: 1783 BRUMAN TERRACE CITY-ST-ZIP: MELBOURNE, FL 32935	<input type="checkbox"/> Delete		TITLE: ERIC WYNN NAME: 3544 BORDOCH AVE STREET ADDRESS: WEST MELBOURNE FL 32904 CITY-ST-ZIP:	<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 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: 1-16-08 Daytime Phone #		