2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000060821

Entity Name: TRUE COLORS PAINTING & BLINDS, INC.

FILED Jul 24, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

 1606 CHARLOTTE DRIVE
 22516 SW 94 PLACE

 SEBRING, FL 33875
 US
 MIAMI, FL 33190
 US

Current Mailing Address: New Mailing Address:

 1606 CHARLOTTE DRIVE
 22516 SW 94 PLACE

 SEBRING, FL 33875
 US

 MIAMI, FL 33190
 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DELGADO, PABLO L
1606 CHARLOTTE DRIVE
SEBRING, FL 33875 US

DELGADO, PABLO L
22516 SW 94 PLACE
MIAMI, FL 33190 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: PABLO L. DELGADO 07/24/2008

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 DELGADO, PABLO L
 Name:
 DELGADO, PABLO L

 Address:
 1606 CHRALOTTE DRIVE
 Address:
 22516 SW 94 PLACE

 City-St-Zip:
 SEBRING, FL 33875 US
 City-St-Zip:
 MIAMI, FL 33190 US

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 DELGADO, ANASTASYA
 Name:
 DELGADO, ANASTASYA

 Address:
 1606 CHARLOTTE DR.
 Address:
 22516 SW 94 PLACE

 City-St-Zip:
 SEBRING, FL 33875 US
 City-St-Zip:
 MIAMI, FL 33190 US

Title: SEC () Delete Title: SEC (X) Change () Addition

 Name:
 NUNEZ, MARÎLÍYN
 Name:
 DELGADO, ÂNÁSTASYA

 Address:
 55 CUBBY LANE
 Address:
 22516 SW 94 PLACE

 City-St-Zip:
 LAKE PLACID, FL 33852 US
 City-St-Zip:
 MIAMI, FL 33190 US

I hereby certify that the information supplied with this filing does not qualify 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: PABLO L. DELGADO P 07/24/2008