2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000069234

Entity Name: COLOR IN MY SHIRT, INC.

FILED Feb 06, 2008 Secretary of State

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

4145 SW 190 AVENUE MIRAMAR, FL 33029

Current Mailing Address: New Mailing Address:

4145 SW 190 AVENUE MIRAMAR, FL 33029

FEI Number: 26-0344118 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

RAMADAN, LAURAINE 4145 SW 190 AVENUE MIRAMAR, FL 33029 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: VP (X) Change () Addition Name: RAMADAN, LAURAINE Name: RAMADAN, LAURAINE Address: 4145 SW 190 AVE 4145 SW 190 AVE

 Address:
 4145 SW 190 AVE

 City-St-Zip:
 MIRAMAR, FL 33029

 Address:
 4145 SW 190 AVE

 City-St-Zip:
 MIRAMAR, FL 33029

Address:
4145 SW 190 AVE
City-St-Zip:
MIRAMAR, FL 33029

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

 Name:
 RAMADAN, OMAR
 Name:
 RAMADAN, WALID

 Address:
 4145 SW 190 AVENUE
 Address:
 4145 SW 190 AVENUE

 City-St-Zip:
 MIRAMAR, FL 33029
 City-St-Zip:
 MIRAMAR, FL 33029

Name: RAMADAN, MOHAMAD Name: CHATILA, AHMAD
Address: 4145 SW 190 AVENUE Address: 365 ANSIN BLVD

City-St-Zip: MIRAMAR, FL 33029 City-St-Zip: HALLANDALE BEACH, FL 33009

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: WALID RAMADAN T 02/06/2008