2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Mar 02, 2007 08:00 A **DOCUMENT # P93000001053** Secretary of State COLOR TECH, INC. Mailing Address Principal Place of Business 7138 BOX ELDER DR 7138 BOX ELDER DR PORT RICHEY, FL 34668 PORT RICHEY, FL 34668 US US CR2E034 (11/05) 01042007 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0375550 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent BURKETT, DAVID L DO NOT WRITE 7138 BOX ELDER DR PORT RICHEY, FL 34668 IN THIS SPACE 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. Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE 18 \$150.00 U00000654018 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees <u> 03713707-80045--010 150 00</u> OFFICERS AND DIRECTORS 10. TITLE NAME BURKETT, DAVID L STREET ADDRESS 7138 BOX ELDER DR PORT RICHEY, FL 34668 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

David L. Burkett