

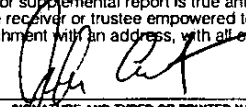


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90095 016 ***150.00

DOCUMENT # P94000010608 1. Entity Name COLOR CREWS, INC.																																									
Principal Place of Business 369 BLANDING BLVD SUITE N-16 ORANGE PARK, FL 32073 US			Mailing Address 369 BLANDING BLVD SUITE N-16 ORANGE PARK, FL 32073 US																																						
2. Principal Place of Business 8725 Youngerman Ct. Suite, Apt. #, etc. Suite 202		3. Mailing Address SAME AS #2 Suite, Apt. #, etc.		 04052006 Chg-P CR2E034 (11/05)																																					
City & State Jacksonville, FL		City & State 																																							
Zip 32244		Country USA																																							
4. FEI Number 59-3243002		Applied For <input type="checkbox"/> Not Applicable																																							
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent COLBERT, JOHN 471 HOPE HILL COURT GREEN COVE SPRINGS, FL 32043																																					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																									
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 _____ <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, 2006 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>COLBERT, JOHN JR.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>369 BLANDING BLVD SUITE N-16</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORANGE PARK, FL 32073</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	COLBERT, JOHN JR.		STREET ADDRESS	369 BLANDING BLVD SUITE N-16		CITY-ST-ZIP	ORANGE PARK, FL 32073																									
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP																
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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: 				4-5-06 (904) 545-9169																																					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>																																					