


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000035775

1. Entity Name
TARTAN COLOR & CHEMICAL, INC.



Principal Place of Business 2100 S TAMiami TRAIL STE 100 SARASOTA, FL 34239-3803 US	Mailing Address 2100 S TAMiami TRAIL STE 100 SARASOTA, FL 34239-3803 US
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02022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0526518	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CROY, LARRY E.
 2100 SOUTH TAMiami TRAIL
 STE 100
 SARASOTA, FL 34239**

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000842793
 03/11/08-80044-008 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOUSTON, ROBERT W 5780 MIDNIGHT PASS RD., #408B SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CROY, LARRY E. 2100 S. TAMiami TRL STE #100 SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HOUSTON, DAVID R 5780 MIDNIGHT PASS RD., #408B SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: ROBERT W HOUSTON *RW Houston* *Feb 28 2008* 941.955.4572
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #