2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000089875

Entity Name: COLORADO EAST, INC.

FILED Aug 08, 2006 Secretary of State

| Current P | rincipal Place | of Business: | New Prin | New Principal Place of Business: | | | |
|---|---|---|---|---|--------------------------------------|--|--|
| | MINGS & LOCH AMI TRAIL N, FL 34103 L | | C/O CUMMINGS & LOCKWOOD 3001 TAMIAMI TRAIL N, 4TH FLOOR NAPLES, FL 34101 US | | | | |
| Current M | ailing Addres | s: | New Mai | New Mailing Address: | | | |
| | MINGS & LOCK AMI TRAIL, 4T FL 34103 L | | C/O CUMMINGS & LOCKWOOD 3001 TAMIAMI TRAIL, 4TH FLOOR NAPLES, FL 34101 US | | | | |
| FEI Number: | 65-0542470 | FEI Number Applied For () | FEI Number Not Ap | plicable () | Certificate of Status Desired () | | |
| Name and | Address of C | urrent Registered Agent: | Name an | Name and Address of New Registered Agent: | | | |
| 4TH FLOO NAPLES, F | AMI TRAIL N. PR FL 34103 US named entity s | submits this statement for the p | 4TH FLO NAPLES, | MAMI TRAIL N. OR FL 34101 US | office or registered agent, or both, | | |
| SIGNATUR | | | | | 08/08/2006 | | |
| 0.014/1101 | | ic Signature of Registered Age | ont . | | Date | | |
| Election Can | | 3(2)(b), F.S., the corporation did no g Trust Fund Contribution (). TORS: | • | | TO OFFICERS AND DIRECTORS | | |
| Title: Name: Address: City-St-Zip: | MURPHY, RICH 165 GROGAN F | | Title: Name: Address: City-St-Zip: | (|) Change ()Addition | | |
| Title: Name: Address: City-St-Zip: | D () WHITE, HEIDI 6481 QUAIL HO FT MYERS, FL | | Title: Name: Address: City-St-Zip: | WHITE, HEIDI 3667 LIBERTY | | | |
| Title: Name: Address: City-St-Zip: | D () FERREIRA, ST. 9479 HIGHWOOD, BRENTWOOD, | OD HILL ROAD | Title: Name: Address: City-St-Zip: | (|) Change ()Addition | | |
| Title: Name: Address: City-St-Zip: | D () CORAZZA, GRI 2023 BRECKEI MT. JULIET, TN | NRIDGE DRIVE | Title: Name: Address: City-St-Zip: | (|) Change ()Addition | | |
| Title: Name: Address: City-St-Zip: | D () REINFRIED, DA 4233 WARREN FRANKLIN, TN | ROAD | Title: Name: Address: City-St-Zip: | (|) Change ()Addition | | |

I hereby certify that the information supplied with this filing does not qualify for the 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: | DANA REINFRIED |] |) (| 08/08/2006 |
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