

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000018556

FILED
Apr 28, 2007
Secretary of State

Entity Name: COLOUR CONCEPTS SYSTEMS, INC.

Current Principal Place of Business:

5905 SW 26 ST.
HOLLYWOOD, FL 33023 US

New Principal Place of Business:

413 PALM CIR E
PEMBROKE PINES, FL 33025 US

Current Mailing Address:

5905 SW 26 ST.
HOLLYWOOD, FL 33023 US

New Mailing Address:

413 PALM CIR E
PEMBROKE PINES, FL 33025 US

FEI Number: 65-0576614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRANDISON, WINSTON
561 N.W. 193RD STREET
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

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:

Title: PTD () Delete
Name: GRANDISON, WINSTON
Address: 561 N.W. 193RD STREET
City-St-Zip: MIAMI, FL 33169 US

Title: VSD () Delete
Name: MCINTOSH, DEAN
Address: 561 N.W. 193RD STREET
City-St-Zip: MIAMI, FL 33169 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: W GRANDISON

PTD

04/28/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date