

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 A
Secretary of State

DOCUMENT # P95000056647

1. Entity Name
COLONY ACQUISITION CORPORATION



Principal Place of Business
 730 W. BROWARD BLVD
 FORT LAUDERDALE, FL 33312 US

Mailing Address
 730 W. BROWARD BLVD
 FORT LAUDERDALE, FL 33312 US



04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0596367	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

HOUSTON, BART A
 350 E. LAS OLAS BLVD
 #1700
 FT LAUDERDALE, FL 33301

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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DENBERG, ROBERT L 730 W BROWARD BLVD FT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SCHOLL, GEORGE H JR. 730 W BROWARD BLVD FT LAUDERDALE., FL 33312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HOUSTON, BART A 350 E. LAS OLAS BLVD #1700 FT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 05/02/05-80047-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-05 954-522-3660
 Date Daytime Phone #