

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

02-16-2005 90029 002 ***150.00

DOCUMENT # P96000042691

1. Entity Name
COLORALL TECHNOLOGIES INTERNATIONAL, INC.



Principal Place of Business 1520 N POWERLINE RD PARKLAND, FL 33069 US	Mailing Address 1520 N POWERLINE RD PARKLAND, FL 33069 US
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DO NOT WRITE IN THIS SPACE

66006508



02042005 No Chg-P CR2E034 (10/03)

4. FEJ Number 65-0748562	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

ROSENBRIER, GILBERT
7000 E. CYPRESS HEAD DRIVE
PARKLAND, FL 33065

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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM ROSENBRIER, GILBERT 7000 EAST CYPRESSHEAD DRIVE PARKLAND, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROSENBRIER, CLAUDETTE 7000 EAST CYPRESSHEAD DRIVE PARKLAND, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRIGAL, GERALD S 3300 NE 191 ST 1514 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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 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: G. ROSENBRIER 3/16/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #