

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000052558

FILED  
Jan 23, 2007  
Secretary of State

Entity Name: COLOR MAGIC OF CENTRAL FLORIDA, INC.

## Current Principal Place of Business:

2349 HIBBARD TRAIL  
CHULUOTA, FL 32766 US

## New Principal Place of Business:

4187 BUGLERS REST PLACE  
WINTER SPRINGS, FL 32707 US

## Current Mailing Address:

5703 RED BUG LAKE # 347  
WINTER SPRINGS, FL 32708 US

## New Mailing Address:

FEI Number: 59-3452892      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GAUSE, SANDRA M  
2349 HIBBARD TRAIL  
CHULUOTA, FL 32766 US

## Name and Address of New Registered Agent:

GAUSE, SANDRA M  
4187 BUGLERS REST PLACE  
CASSELBERRY, FL 32707 US

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: \_\_\_\_\_

01/23/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GAUSE, MIKE  
Address: 2349 HIBBARD TRAIL  
City-St-Zip: CHULUOTA, FL 32766

Title: VP ( ) Delete  
Name: GAUSE, SANDRA M  
Address: 2349 HIBBARD TRAIL  
City-St-Zip: CHULUOTA, FL 32766

Title: S ( ) Delete  
Name: GAUSE, SANDRA M  
Address: 2349 HIBBARD TRAIL  
City-St-Zip: CHULUOTA, FL 32766

Title: T ( ) Delete  
Name: GAUSE, SANDRA M  
Address: 2349 HIBBARD TRAIL  
City-St-Zip: CHULUOTA, FL 32766

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GAUSE, MIKE  
Address: 4187 BUGLERS REST PLACE  
City-St-Zip: CASSELBERRY, FL 32707

Title: VP (X) Change ( ) Addition  
Name: GAUSE, SANDRA M  
Address: 4187 BUGLERS REST PLACE  
City-St-Zip: CASSELBERRY, FL 32707

Title: S (X) Change ( ) Addition  
Name: GAUSE, SANDRA M  
Address: 4187 BUGLERS REST PLACE  
City-St-Zip: CASSELBERRY, FL 32707

Title: T (X) Change ( ) Addition  
Name: GAUSE, SANDRA M  
Address: 4187 BUGLERS REST PLACE  
City-St-Zip: CASSELBERRY, FL 32707

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: SANDRA M GAUSE

VP

01/23/2007

Electronic Signature of Signing Officer or Director

Date