2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P97000052558

Entity Name: COLOR MAGIC OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

4187 BUGLERS REST PLACE
WINTER SPRINGS, FL 32707 US

New Principal Place of Business:

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
4187 BUGLERS REST PLACE
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

NORGAARD, KIM
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: KIM NORGAARD 04/29/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: T (X) Change ( ) Addition
Name: NORGAARD, KIM
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 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: KIM NORGAARD P 04/29/2009
Electronic Signature of Signing Officer or Director Date