

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90133 018 ***150.00

CS06410

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000073659

1. Corporation Name
CREATEACOLOR, INC.



Principal Place of Business
**6110 LAKES DIVIDE RD.
 TEMPLE TERRACE FL 33637**

Mailing Address
**6110 LAKES DIVIDE RD.
 TEMPLE TERRACE FL 33637**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/25/1997

4. FEI Number
59-3465543

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
**10216 Alta Vista Ave #302
 Tampa FL 33647**

2a. Mailing Address
10216 Alta Vista Ave

22. Suite, Apt #, etc.
302

27. Suite, Apt #, etc.
302

23. City & State
Tampa, FL

28. City & State
Tampa, FL

24. Zip **33647** 25. Country **USA**

29. Zip **33647** 30. Country **USA**

9. Name and Address of Current Registered Agent

**BOYD, MATTHEW P
 6110 LAKES DIVIDE RD.
 TEMPLE TERRACE FL 33637**

10. Name and Address of New Registered Agent

81 Name **MATTHEW P Boyd**
 82 Street Address (P.O. Box Number is Not Acceptable)
10216 Alta Vista Ave #302
 83
 84 City **Tampa** 85 Zip Code **FL 33647**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BOYD, MATTHEW P	
STREET ADDRESS	6110 LAKES DIVIDE RD.	
CITY-ST-ZIP	TEMPLE TERRACE FL 33637	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BOYD, JENNIFER	
STREET ADDRESS	6110 LAKES DIVIDE RD.	
CITY-ST-ZIP	TEMPLE TERRACE FL 33637	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAME
1.3 STREET ADDRESS	10216 Alta Vista Ave #302
1.4 CITY-ST-ZIP	Tampa FL 33647
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SAME
2.3 STREET ADDRESS	10216 Alta Vista Ave #302
2.4 CITY-ST-ZIP	Tampa, FL 33647
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW P. BOYD **MATTHEW P. Boyd** 3/1/99 813-907-1805
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)