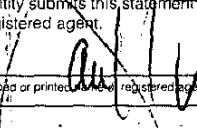


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90003 024 ***150.00

DOCUMENT # P98000041736 1. Entity Name DESIGNER COLORS, INC.																																																			
Principal Place of Business 8404 NICHOLLS POINT WEST PALM BEACH, FL 33411 US		Mailing Address 8404 NICHOLLS POINT WEST PALM BEACH, FL 33411 US																																																	
2. Principal Place of Business 2191 Umbrella Cay Suite, Apt. #, etc.		3. Mailing Address 2191 Umbrella Cay Suite, Apt. #, etc.																																																	
City & State W. Palm Bch FL		City & State W. Palm Bch FL																																																	
Zip 33411	Country P. Bch	Zip 33411	Country P. Bch																																																
4. FEI Number 65-0840563		Applied For ☐ Not Applicable																																																	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																																																	
6. Name and Address of Current Registered Agent MAEHLMANN, JANICE 3621 TURTLE RUN BOULEVARD, #1024 CORAL SPRINGS, FL 33067		7. Name and Address of New Registered Agent Name: JANICE MAEHLMANN Street Address (P.O. Box Number is Not Acceptable): 2191 Umbrella Cay City: W Palm Bch FL Zip Code: 33411																																																	
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: 		JANICE MAEHLMANN 6-78-04 (NOTE: Registered Agent signature required when reinstating)																																																	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width:50%; padding: 2px;"> P MAEHLMANN, JANICE 3621 TURTLE RUN BLVD., #1024 CORAL SPRINGS, FL-33067 </td> <td style="width:50%; padding: 2px;"> ☐ Delete </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAEHLMANN, JANICE 3621 TURTLE RUN BLVD., #1024 CORAL SPRINGS, FL-33067	☐ Delete																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width:50%; padding: 2px;"> MAEHLMANN, JANICE 2191 Umbrella Cay W Palm Bch FL 33411 </td> <td style="width:50%; padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAEHLMANN, JANICE 2191 Umbrella Cay W Palm Bch FL 33411	☐ Change ☐ Addition																					
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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: 		6-78-04 561 798 4487 Date Daytime Phone #																																																	

54059877



06092004 Chg-P CR2E034 (10/03)

Attachment 54059877
Doc # PS 8000041736



AMERICAN SIGNATURE
HOME

To whom it may concern;

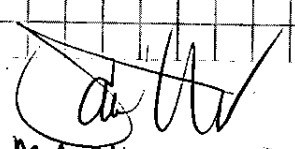
I RECEIVED A POST CARD
FOR REQUESTING FORM FOR THIS
AND MAILED IT BACK.

I NEVER RECEIVED FORMS
BACK, AND FORGOT ABOUT
UNTIL I CALLED YOU.

HERE ARE FORMS I RECEIVED,
FILLED IN AND CHECK FOR
ISSUE AS PER INSTRUCTIONS.
AND PHONE CONVERSATION.

THANKS SO MUCH.

☐ = 1 Foot


JAN MATHLAND