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

07-06-2004 90003 024 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000041736

1. Entity Name
DESIGNER COLORS, INC.

54059877

Principal Place of Business	Mailing Address
8404 NICHOLLS POINT WEST PALM BEACH, FL 33411 US	8404 NICHOLLS POINT WEST PALM BEACH, FL 33411 US

06092004 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 2191 Umbrella Cay	3. Mailing Address: 2191 Umbrella Cay
Suite, Apt. #, etc.	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
W Palm Bch
City 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 [signature] JANICE MAEHLMANN 6-18-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	MAEHLMANN JANICE ☐ Change ☐ Addition
NAME	MAEHLMANN, JANICE		NAME	2191 Umbrella Cay ADD, change
STREET ADDRESS	~~3621 TRUTLE RUN BLVD., #1024~~		STREET ADDRESS	W Palm Bch FL 33411
CITY-ST-ZIP	~~CORAL SPRINGS, FL 33067~~		CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 6-18-04 561 798 4488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 57059877
Doc # PS8000041736

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
$52.00 as per instructions.
And phone conversation.
Thanks so much

= 1 Foot

Jan Maehlmann