


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000043836 1. Entity Name COLOR CHANGE CORPORATION	
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Principal Place of Business 766 BATEMAN STREET GALESBURG, IL 61401	Mailing Address 766 BATEMAN STREET GALESBURG, IL 61401
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02192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4307563	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HAMILTON, DANIEL H 13 BIRCHWOOD DR KEY WEST, FL 33040

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO SCHRAMM, PETER 766 BATEMAN SE GALESBURG, IL 61401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCHRAMM, MUSETTA E 766 BATEMAN SE GALESBURG, IL 61401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV SCHRAMM, SCOTT 14 HARRISON ST #3 NEW YORK, NY 10013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHRAMM, DENISE M 14 HARRISON ST. #3 NEW YORK, NY 10013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/05/07-80013-021 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Peter Schramm* **Peter Schramm** *President & CEO* **2/19/07** **(309) 343-2608**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #