2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Apr 16, 2004 8:00 am Secretary of State DOCUMENT # V29541 1. Entity Name 04-16-2004 90032 034 ***150.00 COLOR DECK, INC. Principal Place of Business Mailing Address 13542 PERIWINKLE AVE SEMINOLE FL 33776 13542 PERIWINKLE AVE ******* SEMINOLE FL 33776 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3130321 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JENNINGS, WILLIAM P Street Address (P.O. Box Number is Not Acceptable) 13542 PRIWINKLE AVE SEMINOLE FL 33776 Zio Code 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, 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 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Change Addition ☐ Delete JENNINGS, WILLIAM P NAME NAME 13542 PERWINKLE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEMINOLE FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition JENNINGS, KATHY NAME STREET ADDRESS 13542 PERIWINKLE AVE STREET ADDRESS CITY-ST-7IP SEMINOLE FL CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME JENNINGS, KATHY NAME STREET ADDRESS STREET ADDRESS 13542 PERIWINKLE AVE CITY-ST-ZIP SEMINOLE FL 33776 CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZiP CITY-ST-ZIP TITLE ☐ Change Delete TITI F Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

INTED MANE OF SIGNING OFFICER OR ORECTOR

FILED