

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 19, 2004  
Secretary of State**

DOCUMENT# N01000002944

Entity Name: AT RAINBOW'S END, INC.

**Current Principal Place of Business:**

3100 NE 48TH ST, SUITE 508  
FT LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

3100 NE 48TH ST, SUITE 508  
FT LAUDERDALE, FL 33308

**New Mailing Address:**

FEI Number: 65-1128266      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FAWCETT, DAVID  
3100 NE 48TH ST  
508  
FORT LAUDERDALE, FL 33308 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SCHNEIDER, FRED  
Address: 3100 NE 4TH ST, SUITE 508  
City-St-Zip: FT LAUDERDALE, FL 33308

Title: SD ( ) Delete  
Name: FAWCETT, DAVID  
Address: 3100 NE 4TH ST, SUITE 508  
City-St-Zip: FT LAUDERDALE, FL 33308

Title: TD ( ) Delete  
Name: IORIO, DREW  
Address: 3100 NE 4TH ST, SUITE 508  
City-St-Zip: FT LAUDERDALE, FL 33308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID FAWCETT

SD

04/19/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date