

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
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: PD (X) Change () Addition
Name: FAWCETT, DAVID
Address: 3100 NE 4TH ST, SUITE 508
City-St-Zip: FT LAUDERDALE, FL 33308

Title: SD (X) Change () Addition
Name: BROWN, EDWARD
Address: 4800 NE 8TH AVE
City-St-Zip: OAKLAND PARK, FL 33334

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

PD

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date