2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N95000004032

Entity Name: RAINBOW GUARDIAN, INC.

Current Principal Place of Business:

3200 SW 116TH AVE.
DAVIE, FL 33330

New Principal Place of Business:

Current Mailing Address:

3200 SW 116TH AVE.
DAVIE, FL 33330

New Mailing Address:

FEI Number: 65-0615686 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BLOOMGARDEN, PAUL M
8551 WEST SUNRISE BLVD.
SUITE 208
FORT LAUDERDALE,, FL 33322 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:	P	( ) Delete
Name:	CAPRIO, TERESA L	
Address:	3200 SW 116TH AVE	
City-St-Zip:	DAVIE, FL 33330	
Title:	VP	( ) Delete
Name:	CAPRIO-NEGRET, SAMANTHA	
Address:	824 SAVANNAH FALLS DRIVE	
City-St-Zip:	WESTON, FL 33327	
Title:	D	( ) Delete
Name:	CAPRIO, PHILIP J	
Address:	4789 SW 148TH AVE.	
City-St-Zip:	DAVIE,, FL 33331	
Title:	D	( ) Delete
Name:	BRAYTENBAH, JOHN	
Address:	112 IRON HILL RD.	
City-St-Zip:	NEW BRITAIN,, PA 18901	
Title:	D	( ) Delete
Name:	CAPRIO, SAMUEL	
Address:	4542 N. HIATUS RD.	
City-St-Zip:	SUNRISE,, FL 33351	
Title:	D	( ) Delete
Name:	GORDON, SCOTT	
Address:	3921 SW 47TH AVE #1017	
City-St-Zip:	DAVIE, FL 33314	

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:	
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 exemption stated 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 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: TERESA L CAPRIO PRES 04/20/2009
Electronic Signature of Signing Officer or Director — Date