


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90467 010 \*\*\*150.00

**DOCUMENT # 277256**  
 1. Entity Name  
**ALTON RAINBOW CORPORATION**



Principal Place of Business      Mailing Address  
 1188 LAKE VIEW DR.      1188 LAKE VIEW DR.  
 ALTAMONTE SPRGS, FL 32714 US      ALTAMONTE SPRGS, FL 32714 US

**60032446**

2. Principal Place of Business      3. Mailing Address  
**725 Primera Blvd**      **725 Primera Blvd**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite 125**      **Suite 125**

City & State      City & State  
**Lake Mary, FL**      **Lake Mary, FL**  
 Zip      Country      Zip      Country  
**32746**      **Seminole**      **32746**      **Seminole**



04242006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**59-1036515**      Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

~~MOFFIT, THOMAS H~~  
~~1188 LAKE VIEW DR.~~  
~~ALTAMONTE SPRINGS, FL 32714~~      } See Address change →

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**725 Primera Blvd**  
**Suite 125**  
 City      State      Zip Code  
**Lake Mary**      **FL**      **32764**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOFFIT, THOMAS, JR 2493 RIVERTREE CIRCLE SANFORD, FL 32771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOFFIT, ALICE PO BOX 1327 LANSDALE, PA 19446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOFFIT, THOMAS PO BOX 1327 LANSDALE, PA 19446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Thomas H. Moffit - Pres.      THOMAS H. MOFFIT      4/25/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #