


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

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

Principal Place of Business 725 PRIMERA BLVD SUITE 125 LAKE MARY, FL 32746 US	Mailing Address 725 PRIMERA BLVD SUITE 125 LAKE MARY, FL 32746 US
--	--



04082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1036515	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOFFIT, THOMAS H
 725 PRIMERA BLVD
 SUITE 125
 LAKE MARY, FL 32764

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U00000704093
 04/20/07-80164-013 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOFFIT, THOMAS, JR 2493 RIVERTREE CIRCLE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOFFIT, ALICE PO BOX 1327 LANSDALE, PA 19446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOFFIT, THOMAS PO BOX 1327 LANSDALE, PA 19446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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** **4/9/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date Daytime Phone #