


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

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

<b>DOCUMENT # 277256</b> 1. Entity Name <b>ALTON RAINBOW CORPORATION</b>	
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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
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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"/>	<b>\$8.75</b> 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	D
NAME	MOFFIT, THOMAS, JR
STREET ADDRESS	2493 RIVERTREE CIRCLE
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	S
NAME	MOFFIT, ALICE
STREET ADDRESS	PO BOX 1327
CITY-ST-ZIP	LANSDALE, PA 19446
TITLE	PD
NAME	MOFFIT, THOMAS
STREET ADDRESS	PO BOX 1327
CITY-ST-ZIP	LANSDALE, PA 19446
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 #