## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Apr 03, 2007 8:00 am Secretary of State **DOCUMENT # 645576** 1. Entity Name 04-03-2007 90015 050 \*\*\*150.00 RAINBOW CREATIONS, INC. Principal Place of Business Mailing Address 309 GUST BLVD 6-ULF 309 GUST BLVD GULF INDIAN ROCKS BEACH FL 33785 INDIAN ROCKS BEACH FL 33785 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-1950760 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DAVIES, BRUCE E 13589 CROFT DR. SOUTH Street Address (P.O. Box Number is Not Acceptable) LARGO FL 33774 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10 Change Addition Ш 11114 ☐ Delete DAVIES, BRUCE E NAMI NAME 13589 CROFT DR. SOUTH STREET ADDRESS STREET ADDRESS LARGO FL 33774 CHY St-ZIP CHY SI 7IP ☐ Change Addition 11111 11111 Delete DAVIES, ELAINE M NAME NAMI 2017 PRINCETON STREET ADDRESS SIDELE ADDRESS **DUNEDIN FL 34698** CDY SEZIP CITY - ST - ZIE □ Change ☐ Addition ШП ☐ Delete HILL NAME. STREET ADDRESS STREET ADORESS CHY ST-7P CITY ST 7/P ☐ Delete HILL Change Addition DHE NAMI STREET ADDRESS STRUCT ADDRESS CHY SI-7tP CITY ST 7IP шн ☐ Delete IBH Change ☐ Addition NAMI STREET ADDRESS STREET ADDRESS CHY ST-ZIP CHY ST ZIP Delele DILLE ☐ Change ☐ Addition HILL NAME STREET ADDRESS STRIFT ADDRESS CHY-S1-7IP CHY SLZIP I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am an efficer 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 addicas, with all other like empowered.

BRUCE DAVIES

**FILED**