

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 682021

Entity Name: RAINBOW DRY WALL INC.

FILED
Feb 12, 2009
Secretary of State

Current Principal Place of Business:

9435 NW 67 CT
PARKLAND, FL 33076 US

New Principal Place of Business:

Current Mailing Address:

9435 NW 67 CT
PARKLAND, FL 33076 US

New Mailing Address:

FEI Number: 59-1999178

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORTIN, SYLVIO
9435 NW 67 CT
PARKLAND, FL 33076 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: FORTIN, SYLVIO,
Address: 9435 NW 67 CT
City-St-Zip: PARKLAND, FL 33076

Title: S () Delete
Name: BLAIS, LOUISE
Address: 9435 N.W. 67TH CT
City-St-Zip: PARKLAND, FL 33076

Title: VP () Delete
Name: COLLINS, JOHN,
Address: 9435 NW 67 CT
City-St-Zip: PARKLAND, FL 33076

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SYLVIO FORTIN

PR

02/12/2009

Electronic Signature of Signing Officer or Director

Date