

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2006 8:00 am
Secretary of State

08-15-2006 90005 024 ***150.00

DOCUMENT # F01000005378 1. Entity Name ESCAPEES RAINBOW PARKS UNLIMITED, INC.					
Principal Place of Business 100 RAINBOW DR. LIVINGSTON, TX 77351			Mailing Address 100 RAINBOW DR. LIVINGSTON, TX 77351		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 76-0671185	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TERRY T. NEAL PA 605 WEST MAGNOLIA ST. LEESBURG, FL 34749				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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.				FL Zip Code	
SIGNATURE: <small>Signature of current registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE: 8/1/2006	
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD CARR, ROBERT W RT-10, BOX 8170 LIVINGSTON, TX		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD CARR, Robert W 100 Rainbow Dr Livingston, TX 77351	
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARR, CATHIE M RT-10, BOX 8170 LIVINGSTON, TX		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARR, Cathie M 100 Rainbow Dr Livingston, TX 77351	
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PETERSON, JOSEPH H 100 RAINBOW DR. LIVINGSTON, TX		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Peterson, Joseph G 100 Rainbow Dr Livingston, TX 77351	
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PETERSON, KAY M 100 RAINBOW DR. LIVINGSTON, TX		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Peterson, Kay M 100 Rainbow Dr Livingston, TX 77351	
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, SCOTT 100 RAINBOW DR LIVINGSTON, TX 77351		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Scott, James 100 Rainbow Dr Livingston, TX 77351	
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENELOPE, SCOTT 100 RAINBOW DR LIVINGSTON, TX 77351		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Scott, Penelope 100 Rainbow Dr. Livingston, TX 77351	
<input type="checkbox"/> Delete		<input checked="" 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: <small>SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: 8/1/2006	
DAYTIME PHONE: 936-327-8873				DATE:	