2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001410

FILED Mar 19, 2008 Secretary of State

Entity Name: RAINBOW HOUSING ASSISTANCE CORPORATION

• • • • • • • • • • • • • • • • • • • •	rincipal Place	e of Business:	New Prince	New Principal Place of Business:		
	MERCIAL STR NCISCO, CA S	EET, SUITE 300 94111 US				
Current Mailing Address:			New Mail	New Mailing Address:		
	MERCIAL STR NCISCO, CA S	EET, SUITE 300 94111 US				
FEI Number	: 30-0108119	FEI Number Applied For ()	FEI Number Not App	olicable ()	Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and	d Address of	New Registered Agent:	
1200 SOU	PORATION SY ITH PINE ISLA ION, FL 33324	ND ROAD				
	e named entity e of Florida.	submits this statement for th	e purpose of changing	its registered	office or registered agent, or both,	
SIGNATU						
	Electror	nic Signature of Registered /	Agent		Date	
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	SHERMAN, JO 556 COMMERC) Delete SEPH L CIAL STREET, SUITE 300 CO, CA 94111 US	Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Vame:	KOSLOSKY, C	CIAL STREET, SUITE 300	Title: Name: Address: City-St-Zip:	JANISSE, FL' 556 COMMER	(X) Change()Addition YNANN RCIAL STREET, SUITE 300 SCO, CA 94111 US	
Address: City-St-Zip:	SAN FRANCIS	CO, CA 94111 US	City-St-Zip.	SAN FRANCI	,	
City-St-Zip: Fitle: Name: Address:	D (SILVERSMITH, 556 COMMERC) Delete	Title: Name: Address: City-St-Zip:		() Change () Addition	
City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	D (SILVERSMITH, 556 COMMERC SAN FRANCISC D (ROSENTHAL, I 556 COMMERC) Delete GARY CIAL STREET, SUITE 300 CO, CA 94111 US) Delete	Title: Name: Address:	(
City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	D (SILVERSMITH, 556 COMMERC SAN FRANCISC D (ROSENTHAL, I 556 COMMERC SAN FRANCISC) Delete GARY CIAL STREET, SUITE 300 CO, CA 94111 US) Delete KEITH CIAL STREET, SUITE 300	Title: Name: Address: City-St-Zip: Title: Name: Address:	D (ALLEN, JOSH 556 COMMER	() Change () Addition () Change () Addition () Change (X) Addition	

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

SIGNATURE: PAUL JOHNSON CNTR 03/19/2008