## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000001608

Entity Name: RAINBOW OVERSEAS INVESTMENTS, INC.

FILED Mar 15, 2008 Secretary of State

Current P	rincipal Place of Business:	New Principal Place	New Principal Place of Business:	
	EDERAL HIGHWAY, SUITE 101 TON, FL 33431			
Current N	lailing Address:	New Mailing Address	New Mailing Address:	
	EDERAL HIGHWAY, SUITE 101 TON, FL 33431			
FEI Number	: FEI Number Applied For ( )	FEI Number Not Applicable (X)	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
SCHNEID 1402 ROY	ER, JEFFREY A ER FINANCIAL SERVICES 'AL PALM BEACH BLVD, #700-110 ALM BEACH, FL 334111569 US			
	e named entity submits this statement for the of Florida.	ne purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI				
	Electronic Signature of Registered	Agent	Date	
Election Car	mpaign Financing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	CPST () Delete GENOVESE, ROBERT D 2424 N. FEDERAL HIGHWAY, SUITE 101 BOCA RATON, FL 33431	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delete MCDONALD, MARIE P.O. BOX N-10206 NASSAU BAHAMAS,	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delete HANNA, PACHRIDEE P.O. BOX N-10206 NASSAU BAHAMAS,	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D ( ) Delete SCHNEIDER, JEFFREY A	Title: Name:	( ) Change ( ) 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JEFFREY SCHNEIDER D 03/15/2008

1402 ROYAL PALM BEACH BLVD, #700-110

ROYAL PALM BEACH, FL 33411

Address:

City-St-Zip: