2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F49216

Address:

City-St-Zip:

POBOX41335

ST PETERSBURG, FL 33743

intity Name: RAINBOW PLUMBING INC

FILED Apr 14, 2009 Secretary of State

| Entity Na | me: RAINBOW | PLUMBING, INC. | | | |
|---|---|------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| | A CIEGA DR. N RSBURG, FL 33 | | | | |
| Current Mailing Address: | | | New Mailing Addres | New Mailing Address: | |
| P.O.BOX4 ST PETER | 1335 RSBURG, FL 33 | 3743 | | | |
| FEI Number | : 59-2132407 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| 3835 CEN ST PETER The above | CHARLES R TRAL AVENUE SBURG, FL 33 named entity s of Florida. | 3713 US | e purpose of changing its registere | d office or registered agent, or both, | |
| SIGNATUI | RE: | | | | |
| | Electroni | c Signature of Registered A | Agent | Date | |
| Election Ca | mpaign Financing | Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | P () SMITH, FRANCI: POBOX41335 ST PETERSBUR | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | V () SMITH, LARRY POBOPX41335 ST PETERSBUR | Delete G, FL 33743 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | S () SMITH, PATTY | Delete | 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: FRANCIS BERNARD SMITH PRES 04/14/2009