


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 1 FILED
 Mar 26, 2007 08:00 AM
 Secretary of State

DOCUMENT # G90930
 1. Entity Name
 RAINMAKER LAWN SPRINKLER, INC.



Principal Place of Business Mailing Address
 3461 N 47 AVE 3461 N 47 AVE
 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021
 US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite
RAINMAKER LAWN SPRINKLER **RAINMAKER LAWN SPRINKLER**
3461 N. 47TH AVE. UNIT 3461 **3461 N. 47TH AVE. UNIT 3461**
 City & State HOLLYWOOD, FL 33021 City & State HOLLYWOOD, FL 33021
 EPOW: (954) 963-8040 BROW: (954) 963-8040
 DADE: (305) 943-3344
 Zip DADR: (305) Country Zip Country

1st MOORE CR2E034 (10/06)
 4. FEI Number **59-2376952** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 COHEN, MARVIN
 3461 N. 47 AVE.
 HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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.
 SIGNATURE *Marvin Cohen* *Pres.*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	COHEN, MARVIN	3461 N.47 AVE.	HOLLYWOOD FL 33021	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 04/03/07-80053-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Marvin Cohen* *Pres.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 754-966 8040