

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H28839

**FILED**  
**Apr 13, 2007**  
**Secretary of State**

**Entity Name:** RAIN DANCE SPRINKLER SYSTEMS, INC.

**Current Principal Place of Business:**

14906 DELEON DRIVE  
HUDSON, FL 34667

**New Principal Place of Business:**

**Current Mailing Address:**

14906 DE LEON DRIVE  
HUDSON, FL 34667

**New Mailing Address:**

FEI Number: 59-2397769

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DUPRE, GENE PDT  
14906 DE LEON DR  
HUDSON, FL 34667 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PDT ( ) Delete  
Name: DUPRE, GENE  
Address: 14906 DE LEON DR  
City-St-Zip: HUDSON, FL 34667

Title: S ( ) Delete  
Name: DUPRE, SUZZETTE R  
Address: 14906 DE LEON DR  
City-St-Zip: HUDSON, FL 34667

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: GENE DUPRE

PDT

04/13/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date