

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J01972

Entity Name: RAINBOW DISTRIBUTORS, INC.

FILED
Jan 14, 2008
Secretary of State

Current Principal Place of Business:

1398 MAIN STREET
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

1398 MAIN STREET
DUNEDIN, FL 34698

New Mailing Address:

FEI Number: 59-2667372

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLOOM, HERBERT P.
249 DOGWOOD TRACE
TARPON SPRINGS, FL 34688 US

Name and Address of New Registered Agent:

BLOOM, BARBARA
1398 MAIN ST
DUNEDIN, FL 34698 US

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: BARBARA BLOOM

01/14/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: BLOOM, HERBERT P.,
Address: 249 DOGWOOD TR
City-St-Zip: TARPON SPRINGS, FL 34688

Title: PRES (X) Delete
Name: ZARRA, MATT
Address: 2134 MOUNTAIN ASH WAY
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VP () Delete
Name: ZARRA, JORI
Address: 2134 MOUNTAIN ASH WAY
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: ZARRA, MATTHEW F
Address: 1398 MAIN ST
City-St-Zip: DUNEDIN, FL 34698

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

Title: VP (X) Change () Addition
Name: ZARRA, JORI
Address: 1398 MAIN ST
City-St-Zip: DUNEDIN, FL 34698

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.

SIGNATURE: MATTHEW ZARRA

PRES

01/14/2008

Electronic Signature of Signing Officer or Director

Date