


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90065 003 \*\*\*150.00

<b>DOCUMENT # L77525</b>	
1. Entity Name RAINBOW ELECTRIC COMPANY OF TAMPA BAY, INC.	

Principal Place of Business 9068 BRIARWOOD DR SEMINOLE, FL 33772 US	Mailing Address 9068 BRIARWOOD DR SEMINOLE, FL 33772 US
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2. Principal Place of Business 9185 1/2 PARK BLVD.	3. Mailing Address P.O. BOX 3784
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SEMINOLE FL	City & State SEMINOLE FL
Zip 33777	Zip 33775-3784
Country U.S.	Country U.S.



02022006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3024130	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COLLINS, JOHN B. 9068 BRIARWOOD DR SEMINOLE, FL 33772	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11436 82ND AVE. N. City SEMINOLE FL Zip Code 33772	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, JOHN B. 9068 BRIARWOOD DR SEMINOLE, FL 33772 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLLINS, JOHN B. 9068 BRIARWOOD DR SEMINOLE, FL 33772 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, JOHN B. 11436 82ND AVE. N. SEMINOLE FL 33772 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLLINS, JOHN B. 11436 82ND AVE. N. SEMINOLE FL 33772 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: John B. Collins PRESIDENT Date: 2-3-06 Daytime Phone #: 727 391-7499