

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003934

FILED
Jan 31, 2005
Secretary of State

Entity Name: RAINBOW BRIDGE FOUNDATION, INCORPORATED

Current Principal Place of Business:

2403 NW 49TH LANE
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

2403 NW 49TH LANE
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 65-1119677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REYNOLDS, CHRIS
2403 NW 49TH LANE
BOCA RATON, FL 33431 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: REYNOLDS, CHRIS
Address: 2403 NW 49TH LANE
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: REYNOLDS, MERRYL
Address: 2403 NW 49TH LANE
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: LAMBERT, ERWIN
Address: 41 RIDGE ROAD
City-St-Zip: WESTON, CT

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS REYNOLDS

DIR

01/31/2005

Electronic Signature of Signing Officer or Director

Date