

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003129

FILED
Apr 21, 2006
Secretary of State

Entity Name: RAINBOW CARPET LODGING & HOSPITALITY ALLIANCE, INC

Current Principal Place of Business:

552 N BIRCH ROAD
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

552 N BIRCH ROAD
FORT LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 20-2567399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERCADO, GARY S
552 N BIRCH ROAD
FORT LAUDERDALE, FL 33304 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: MGR () Delete
Name: MERCADO, GARY S
Address: 552 N BIRCH ROAD
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: P () Delete
Name: HANDEVIT, ROGER
Address: 606 ORTON AVE
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: TRE () Delete
Name: FARWELL, GERRY
Address: 3012 GRANADA STREET
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: VP () Delete
Name: GRAY, RICHARD
Address: 2901 TERRA MAR STREET
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: VP () Delete
Name: NEAME, WARREN
Address: 908 N.E. 15TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: SEC () Delete
Name: HIDDEN, WILLIAM
Address: 520 N BIRCH ROAD
City-St-Zip: FORT LAUDERDALE, FL 33304

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:

Title: () Change () Addition
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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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY MERCADO

VP

04/21/2006

Electronic Signature of Signing Officer or Director

Date