

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001441

FILED  
Aug 16, 2009  
Secretary of State

Entity Name: HELPIN RAINBOW, INC.

## Current Principal Place of Business:

8710 W HILLSBOROUGH AVE #154  
TAMPA, FL 33615

## New Principal Place of Business:

## Current Mailing Address:

8710 W HILLSBOROUGH AVE #154  
TAMPA, FL 33615

## New Mailing Address:

PO BOX 91092  
LAKELAND, FL 33804

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

MCGOMEZ, ROSE-MARIE  
8710 W HILLSBOROUGH AVE #154  
TAMPA, FL 33615 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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: ARFMAN, MILDRED  
Address: 8710 W HILLSBOROUGH AVE #154  
City-St-Zip: TAMPA, FL 33615

Title: CEO (X) Delete  
Name: MCGOMEZ, ROSE-MARIE  
Address: 8710 W HILLSBOROUGH AVE #154  
City-St-Zip: TAMPA, FL 33615

Title: T (X) Delete  
Name: GRULLION-GOMEZ, MARIA M  
Address: 8710 W HILLSBOROUGH AVE #154  
City-St-Zip: TAMPA, FL 33615

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: MCGOMEZ, ROSE-MARIE  
Address: 8710 W HILLSBOROUGH AVE #154  
City-St-Zip: TAMPA, FL 33615

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 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: ROSE-MARIE MCGOMEZ

PRE

08/16/2009

Electronic Signature of Signing Officer or Director

Date