2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004032

Entity Name: RAINBOW GUARDIAN, INC.

FILED Mar 17, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
3200 SW 116TH AVE. DAVIE, FL 33330								
Current Mailing Address:				New Mailing Address:				
3200 SW 116TH AVE. DAVIE, FL 33330								
FEI Number: 65-0615686 FEI Number Applied For () FEI Nu			FEI Nun	mber Not Applicable () Certificate of Status Desired ()				
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
MINDE, JEFFREY 4300 N UNIVERSITY DRIVE SUITE B-104 LAUDERHILL, FL 33351 US				BLOOMGARDEN, PAUL M 8551 WEST SUNRISE BLVD. SUITE 208 FORT LAUDERDALE,, FL 33322 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: PAUL M. BLOOMGARDEN				03/17/2008				
Electronic Signature of Registered Agent				Date				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	P () I CAPRIO, TERES 3200 SW 116TH DAVIE, FL 3333	AVE		Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	D () I BRAYTENBAH, J 112 IRON HILL F NEW BRITAIN, F	RD.		Title: Name: Address: City-St-Zip:	CAPRIO-NEGI	() Change () Addition RET, SAMANTHA H FALLS DRIVE 33327		
Title: Name: Address: City-St-Zip:	D () I BRAYTENBAH, M 112 IRON HILL F NEW BRITAIN, F	RD.		Title: Name: Address: City-St-Zip:	D (X CAPRIO, PHIL 4789 SW 148 ⁻ DAVIE,, FL 33	ΓΗ AVE.		
Title: Name: Address: City-St-Zip:	VP () I CAPRIO, KATHE 568 GORDON C KEY LARGO, FL	IRCLE		Title: Name: Address: City-St-Zip:	D (> BRAYTENBAH 112 IRON HILI NEW BRITAIN	RD.		
Title: Name: Address: City-St-Zip:	SEC () I CAPRIO NEGRE 3200 NE 116TH . DAVIE, FL 3333	AVE		Title: Name: Address: City-St-Zip:	D (X CAPRIO, SAM 4542 N. HIATU SUNRISE,, FL	IS RD.		

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: TERESA L CAPRIO P 03/17/2008

() Delete

GORDON, SCOTT

DAVIE, FL 33314

3921 SW 47TH AVE #1017

Name:

Address:

City-St-Zip:

() Change () Addition