


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000112339 1. Entity Name RAINBOW SPRINGS COMMUNITY REALTY, INC.	
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Principal Place of Business 8625 S.W. 200TH CIRCLE DUNNELLO, FL 34431	Mailing Address 8625 S.W. 200TH CIRCLE DUNNELLO, FL 34431
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01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3758979	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KYKER, MARTHA A 8625 SW 200TH CIRCLE DUNNELLO, FL 34431

**DO NOT WRITE
IN THIS SPACE**

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 re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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 CLARKE, THOMAS A 760 PACIFIC ROAD, SUITE 24 OAKVILLE, ONTARIO CANADA, L6L 6M5
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWMAN, DON 760 PACIFIC ROAD, SUITE 24 OAKVILLE, ONTARIO CANADA, L6L 6M5
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, JAMES T 8625 S.W. 200TH CIRCLE DUNNELLO, FL 34431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KYKER, MARTHA A 8625 SW 200TH CIRCLE DUNNELLO, FL 34431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/05/07-80026-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/07
Date

Daytime Phone # _____