


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P0100012339
 1. Entity Name
RAINBOW SPRINGS COMMUNITY REALTY, INC.



Principal Place of Business Mailing Address
8625 S.W. 200TH CIRCLE **8625 S.W. 200TH CIRCLE**
DUNNELLON, FL 34431 **DUNNELLON, FL 34431**

DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 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
DUNNELLON, 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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000784194
 01/16/08-80045-002 150.00

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 DUNNELLON, FL 34431 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KYKER, MARTHA A 8625 SW 200TH CIRCLE DUNNELLON, FL 34431 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: JAMES T. COLLINS 1/7/08 (352)489-2525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #