

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000059629

Entity Name: RAINBOW KIDS THERAPY, INC.

FILED  
Sep 03, 2004  
Secretary of State

## Current Principal Place of Business:

115 112TH AVE. NE  
214  
ST. PETERSBURG, FL 33716

## Current Mailing Address:

115 112TH AVE. NE  
214  
ST. PETERSBURG, FL 33716

## New Principal Place of Business:

101 PHILIPPE PARKWAY  
SUITE 202  
SAFETY HARBOR, FL 34695

## New Mailing Address:

101 PHILIPPE PARKWAY  
SUITE 202  
SAFETY HARBOR, FL 34695

FEI Number: 33-1006619

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DALRYMPLE, JOHN G  
115 112TH AVE NE  
214  
ST. PETERSBURG, FL 33716

## Name and Address of New Registered Agent:

DALRYMPLE, JOHN G  
4011 HASTINGS COURT  
202  
PALM HARBOR, FL 34685

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: JOHN DALRYMPLE

09/03/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ABBATIELLO, MARIA E  
Address: 115 112TH AVE NE #214  
City-St-Zip: ST. PETERSBURG, FL 33716

Title: V ( ) Delete  
Name: DALRYMPLE, JOHN G  
Address: 115 112TH AVE NE #214  
City-St-Zip: ST. PETERSBURG, FL 33716

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ABBATIELLO, MARIA E  
Address: 4011 HASTINGS COURT  
City-St-Zip: PALM HARBOR, FL 34695

Title: V (X) Change ( ) Addition  
Name: DALRYMPLE, JOHN G  
Address: 4011 HASTINGS COURT  
City-St-Zip: PALM HARBOR, FL 34695

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN DALRYMPLE

VP

09/03/2004

Electronic Signature of Signing Officer or Director

Date