2006 FOR PROFIT CORPORATION ANNUAL REPORT

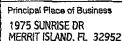
ANNUAL REPORT DOCUMENT # P02000135549 1. Entity Name RAINBOW INTERNATIONAL CARPET CARE AND RESTORATION SPECIALIST OF BREVARD, INC.

FILED Jan 17, 2006 08:00 AM Secretary of State

321-452-4919

Daytime Phone #

1-11-06



SIGNATURE:

Mailing Address
P.O. BOX 54038

P.O. BOX 540381 MERRITT ISLAND, FL 32954

Darlene Marcaux President

110111111111111111111111111111111111111		Elimiti todatoj te sessi.				ER HERR HIR RING BOOK IN DER HINRE IN DER	
DO NOT WRITE IN THIS SPAC				01112006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied F 42-1566820 Not Applied F 5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current Regis	tered Agent		2-72-22-3			
MARCOUX, DARLENE E 1975 SUNRISE RD MERRIT ISLAND, FL 32952			DO NOT WRITE IN THIS SPACE				
				STACH 1-06 d Agent signature required when reinstaling)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS				<u></u>	
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS MARCOUX, DARLENE E 1975 SUNRISE DR MERRIT ISLAND, FL 32952 DV MARCOUX, EDWARD W JR. 1975 SUNRISE DR MERRITT ISLAND, FL 32952				HQADDA - 01/13/06-	1386943 -80017-812 158.08	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WE 13.17 TO E 13.07		-	DO	NOT W	/RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SF	ACE	
TITLE NAME STREET ADDRESS CITY ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby of indicated of the conchanged,	certify that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all	iling does not qualify for the exe and accurate and that my signat d to execute this report as requir I other like empowered.	imptions conta ure shall have red by Chapter	ined in Chapter 115 the same legal effect 607, Plonda Statute	9, Florida Statutes. I ct as if made under es; and that my nam	further certify that the information oath; that I am an officer or director to appears in Block 10 or Block 11 if	