

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90046 013 ***150.00

DOCUMENT # P03000014013 1. Entity Name RAINBOW SPRINGS HOMEBUILDERS, INC.	
---	---

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

50004588



DO NOT WRITE IN THIS SPACE

01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 32-0067793	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 COLLINS, JAMES T 8625 S.W. 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.

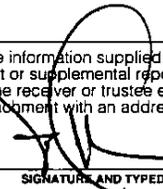
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARKE, THOMAS A 760 PACIFIC RD., STE. 24 OAKVILLE, ONTARIO, CANADA, L6L6M5
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWMAN, DON 760 PACIFIC RD., STE. 24 OAKVILLE, ONTARIO, CANADA, L6L6M5
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 SPENCER, DAVID A 760 PACIFIC RD., STE. 24 OAKVILLE, ONTARIO, CANADA, L6L6M5
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **J.T. COLLINS VICE PRESIDENT** 1/14/05 (352) 489-2525

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