2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000080699

Entity Name: RAINBOW SUPPORTS INC.

KIRCHNER, BECKY J

ZOLFO SPRINGS, FL 33890 FL

3793 GATOR RD.

Name:

Address:

City-St-Zip:

FILED Feb 24, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3793 GATOR RD ZOLFO SPRINGS, FL 33890 LIS **Current Mailing Address: New Mailing Address:** 3793 GATOR RD ZOLFO SPRINGS, FL 33890 US FEI Number: 26-0067550 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KIRCHNER, BECKY 3793 GATOR RD. ZOLFO SPRINGS, FL 33890 US 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Delete Title: () Change () Addition BARFIELD, DEBRA T Name: Name: 3793 GATOR RD. Address: Address: ZOLFO SPRINGS, FL 33890 US City-St-Zip: City-St-Zip: Title: VΡ Title: () Delete (X) Change () Addition KIRCHNER, BECKY Name: Name: KIRCHNER, BECKY 3793 GATOR RD. 3793 GATOR RD. Address: Address: 33890, FL 33890 US 33890, FL 33890 US City-St-Zip: City-St-Zip: Title: Title: SEC () Delete () Change () Addition KIRCHNER, BECKY J Name: Name: 3793 GATOR RD Address: Address: City-St-Zip: ZOLFO SPRINGS, FL 33890 US City-St-Zip: Title: TREA () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

Ρ SIGNATURE: BECKY KIRCHNER 02/24/2004