


2005 FOR PROFIT CORPORATION ANNUAL REPORT

9/7/2005-90010-036-\$150.00-\$150.00

DOCUMENT # P04000012935	
1. Entity Name RAINBOW GARDENS ENTERPRISES, INC.	

Principal Place of Business 1225-1227 W. BASE ST. MADISON, FL 32340 US	Mailing Address 539 N MILLS AVE ORLANDO, FL 32803 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1225-1227 W. BASE ST. Suite, Apt. #, etc.
City & State MADISON, FL	City & State MADISON, FL
Zip 32340	Country US

06282005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3543467	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DONG, CHUN BIN 1225-1227 W BASE ST. MADISON, FL 32340	7. Name and Address of New Registered Agent Name: CHEN, WEN LIN Street Address (P.O. Box Number is Not Acceptable) 1225-1227 N. BASE ST. City: MADISON FL Zip Code: 32340
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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: *X CHEN WEN LIN*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONG, CHUN BIN 103 1/2 MEETING ST MADISON, FL 32340	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HSIEH, YUNYUN 239 HIS CHOU RD. CHUNG LI, TW 302	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHEN, WEN LIN 1225-1227 N. BASE ST. MADISON, FL 32340	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *X CHEN WEN LIN*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
05 OCT -7 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

