


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90190 013 ***150.00

DOCUMENT # P04000063950			
1. Entity Name RAIN FOREST ENTERPRISES INC.			
Principal Place of Business 2740 SW MARTIN DOWNS BLVD. PALM CITY, FL 34990 US		Mailing Address 2740 SW MARTIN DOWNS BLVD. PALM CITY, FL 34990 US	
2. Principal Place of Business 3 S. Sewalls Point Rd.		3. Mailing Address 3 S. Sewalls Point Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Stuart, FL		City & State Stuart, FL	
Zip 34996	Country	Zip 34996	Country
4. FEI Number NOT APPLICABLE 36-4553601		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 GELBY, DOUGLAS 1490 SW SAND OAK DR. PALM CITY, FL 34990		7. Name and Address of New Registered Agent Name LURIEA, BRUCE R Street Address (P.O. Box Number is Not Acceptable) 3 S. Sewalls Point Road City Stuart FL Zip Code 34996	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES GELBY, DOUGLAS 2740 SW MARTIN DOWNS BLVD. PALM CITY, FL 34990 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D LURIEA, BRUCE R <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3 S. Sewalls Point Road Stuart, FL 34996
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECR LURIEA, BRUCE 2740 SW MARTIN DOWNS BLVD. PALM CITY, FL 34990 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD LURIEA, Michele <input type="checkbox"/> Change <input type="checkbox"/> Addition 3 S. Sewalls Point Road Stuart, FL 34996
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
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 exemptions contained in Chapter 119, 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: <u>Bruce R. Luriea</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/21/06 (772) 388-4074 Date Daytime Phone #	
BRUCE R. LURIEA, President			

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