2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2005
Secretary of State

DOCUMENT# P04000166196

Entity Name: RAINBOW PLUS INC.

Current Principal Place of Business:

8206 N. FREMONT AVE
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

8206 N. FREMONT AVE
TAMPA, FL 33604

New Mailing Address:

FEI Number: 20-1928441 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VIEL, ARIAGNE S
8206 N. FREMONT AVE
TAMPA, FL 33604 US

Name and Address of New Registered Agent:

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:

Title: DP ( ) Delete
Name: VIEL, ARIAGNES S
Address: 8206 N. FREMONT AVE
City-St-Zip: TAMPA, FL 33604

Title: DV ( ) Delete
Name: APIS, ANA GNES I
Address: 2705 W OSBORNE AVE
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: VIEL, ARIAGNE S
Address: 8206 N. FREMONT AVE
City-St-Zip: TAMPA, FL 33604

Title: DV (X) Change ( ) Addition
Name: PAIS, ANA I
Address: 2705 W OSBORNE AVE
City-St-Zip: TAMPA, FL 33614

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.

SIGNATURE: ARIAGNE VIEL DP 05/01/2005

Electronic Signature of Signing Officer or Director Date