


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

8/1

FILED
Aug 25, 2008 8:00 am
Secretary of State

08-01-2008 90040 011 ***150.00

DOCUMENT # P04449 1. Entity Name RAINBOW TRAVEL TOURS, INC.	
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Principal Place of Business 1114 CAPE CORAL PARKWAY E CAPE CORAL, FL 33904	Mailing Address 1114 CAPE CORAL PARKWAY CAPE CORAL, FL 33904
<i>1114 Cape Coral Parkway E ADDRESS changed 7/2007</i>	

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66016044



07192008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2454301	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LIOCE, TERESA A 5400 PELICAN BLVD CAPE CORAL, FL 33914
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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 <i>Teresa A. Liocce</i> PTD <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	7-20-08 <small>DATE</small>

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD LIOCE, TERESA 5400 PELICAN BLVD CAPE CORAL, FL 33914
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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: <i>Teresa A. Liocce Pres.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	7-20-08 <small>Date Daytime Phone #</small>