

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000027920

Entity Name: ROBINSON RAINBOW HOUSES, INC.

FILED  
Apr 27, 2007  
Secretary of State

## Current Principal Place of Business:

3470 BROOKHAVEN DR.  
JACKSONVILLE, FL 32254

## New Principal Place of Business:

## Current Mailing Address:

3470 BROOKHAVEN DR.  
JACKSONVILLE, FL 32254

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAWKINS, SYLVIA R.  
3433 BROOKHAVEN DR.  
JACKSONVILLE, FL 32254 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: P ( ) Delete  
Name: HAWKINS, SYLVIA  
Address: 3433 BROOKHAVEN DR.  
City-St-Zip: JACKSONVILLE, FL 32254

Title: V ( ) Delete  
Name: KEITH, CAROLYN  
Address: 9 ARGYLE TERR.  
City-St-Zip: IRVINGTON, NJ 07111

Title: EM ( ) Delete  
Name: GRGEN, GWENDOLYN  
Address: 2215 JEFFERSON ST.  
City-St-Zip: HARRISBURG, PA 17110

Title: EA ( ) Delete  
Name: ROBINSON, HENRIETTA  
Address: 7904 CROWS NEST CT., UNIT 31  
City-St-Zip: LAUREL, MD 26707

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SYLVIA R. HAWKINS

P

04/27/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date