

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000063571

FILED
Apr 06, 2007
Secretary of State

Entity Name: RAINIER SKY PROPERTIES, INC.

Current Principal Place of Business:

4225 MIDVALE AVE.
OAKLAND, CA 94602

New Principal Place of Business:

Current Mailing Address:

4225 MIDVALE AVE.
OAKLAND, CA 94602

New Mailing Address:

FEI Number: 56-2600957

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRADER, J. RUDI ESQUIRE
903 EAST STRAWBRIDGE AVENUE
MELBOURNE, FL 32901 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: PD () Delete
Name: LA ROTONDA-HORNE, GINA M
Address: 1230 ROCK SPRINGS DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: STD () Delete
Name: LA ROTONDA, MICHAEL H
Address: 4225 MIDVALE AVENUE
City-St-Zip: OAKLAND, CA 94602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LA ROTONDA-HORNE, GINA M
Address: 3087 NE BABCOCK ST.
City-St-Zip: POULSBO, WA 98370

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL LA ROTONDA

STD

04/06/2007

Electronic Signature of Signing Officer or Director

_____ Date