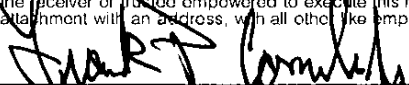


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90111 007 ***150.00

DOCUMENT # P93000020554					
1. Entity Name RIGHT-AS-RAIN, INC.					
Principal Place of Business 10473 WATERBIRD WAY BRADENTON FL 34209 US			Mailing Address 10473 WATERBIRD WAY BRADENTON FL 34209 US		
2. Principal Place of Business - No P.O. Box # 5508 MARINA DR.		3. Mailing Address PO BOX 1073.			
Suite, Apt. #, etc. Suite D.		Suite, Apt. #, etc.			
City & State Holmes Beach FL		City & State Holmes Beach FL		4. FEI Number 65-0390572	
Zip 34217		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COMBS, FRANK P JR 10473 WATERBIRD WAY BRADENTON FL 34209		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing ☐ \$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	DP COMBS, FRANK P JR 10473 WATERBIRD WAY BRADENTON FL 34209	☒ Delete	DP COMBS, FRANK P JR. 5508 MARINA DR. Suite D Holmes Beach FL 34217	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	DST COMBS, JANET E 10473 WATERBIRD WAY BRADENTON FL 34209	☒ Delete	DST COMBS FRANK P JR 5508 MARINA DR Suite D. Holmes Beach FL 34217	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	DST COMBS JANET E 5508 MARINA DR Suite D Holmes Beach, FL 34217	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete		☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			1/29/07 941-704 4282		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		