


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000040112		
1. Entity Name THE FACETED RAINBOW, INC.		
Principal Place of Business 303 S.E. 17TH STREET SUITE 313 OCALA, FL 34471	Mailing Address 303 S.E. 17TH STREET SUITE 313 OCALA, FL 34471	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PERRY, RICHARD A 1 NE 1ST AVENUE STE 303 OCALA, FL 34470		DO NOT WRITE 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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAUTHEN, TONY 5620 NORTHEAST 6TH PLACE OCALA, FL 34470	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAUTHEN, IRIS 5620 NE 6TH PLACE OCALA, FL 34470	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Tony Caution</u> Tony Caution <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-3-07 352-622-3336 <small>Date Daytime Phone #</small>



01022007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3191028	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U00000593451
01/22/07-80031-029 150.00

**DO NOT WRITE
IN THIS SPACE**