2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P94000007915

1. Entity Name

RAINDANCERS PROPERTIES, INC.



FILED Apr 18, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

1200 N. FEDERAL HIGHWAY STE. 420

1200 N. FEDERAL HIGHWAY STE. 420 BOCA RATON, FL 33432

BOCA RATON, FL 33432



DO NOT WRITE IN THIS SPACE

04042008 No Chg-P CR2E034 (11/05) Applied For

4. FEI Number 65-0462412

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAYMOND, JOHN J JR. **BUTZEL LONG** 1200 N. FEDERAL HIGHWAY, SUITE 420 BOCA RATON, FL 33432

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000905296 05/01/08-80047-014 150.00
10.	OFFICERS AND DIREC	CTORS			· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARRANO, CAROLYN M 12525 OAK ARBOR LANE BOYNTON BEACH, FL 33436				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE	
TATLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filling 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 appears with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #