

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90120 018 ***150.00

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| DOCUMENT # P94000074666 |  |
| 1. Entity Name RAINBOW CATERING COMPANY, INC. | |

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|---|--|
| Principal Place of Business 1983 IOWA AVE NE ST. PETERSBURG, FL 33703 | Mailing Address P O BOX 20865 ST PETERSBURG, FL 33742 US |
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|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |



04072008 Chg-P CR2E034 (12/06)

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| 4. FEI Number 65-0532307 | Applied For <input type="checkbox"/> Not Applicable |
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

| | | |
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| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent | |
| WELDON, CHARLTON P 1983 IOWA AVE NE ST. PETERSBURG, FL 33703 | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WELDON, CHARLTON P 1983 IOWA AVE NE ST. PETERSBURG, FL 33703 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | M CHRISTOPHER JAMES WELDON 10910 109TH WAY LARGO FLORIDA 33778 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  CHARLTON P. WELDON 4.19.08 (727) 251-2126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #