2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005
Secretary of State

DOCUMENT# P96000045322

Entity Name: RAINBOW INSURANCE, INC.

Current Principal Place of Business:

1344 N STATE RD 7
MARGATE, FL 33063 US

New Principal Place of Business:

1344 N STATE ROAD 7
MARGATE, FL 33063 US

Current Mailing Address:

1344 N STATE RD 7
MARGATE, FL 33063 US

New Mailing Address:

1344 N STATE ROAD 7
MARGATE, FL 33063 US

FEI Number: 65-0665436 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWMAN, LES
4739 TORTOISE SHELL DR
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

NEWMAN, LESLIE J
4739 TORTOISE SHELL DRIVE
BOCA RATON, FL 33487 US

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: LESLIE J. NEWMAN 01/06/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: NEWMAN, LESLIE
Address: 4739 TORTOISE SHELL DR
City-St-Zip: BOCA RATON, FL 33487

Title: VPST ( ) Delete
Name: BERG, RITA
Address: 4854 RABBIT HOLLOW DR
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: NEWMAN, LESLIE J
Address: 4739 TORTOISE SHELL DRIVE
City-St-Zip: BOCA RATON, FL 33487

Title: VPST (X) Change ( ) Addition
Name: BERG, LEONARD
Address: 4854 RABBIT HOLLOW DRIVE
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LESLIE J. NEWMAN P 01/06/2005
Electronic Signature of Signing Officer or Director Date