

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P96000045322

Entity Name: RAINBOW INSURANCE, INC.

FILED
Oct 09, 2009
Secretary of State

Current Principal Place of Business:

1344 N STATE ROAD 7
MARGATE, FL 33063 US

New Principal Place of Business:

Current Mailing Address:

1344 N STATE ROAD 7
MARGATE, FL 33063 US

New Mailing Address:

FEI Number: 65-0665436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LINDA NEWMAN

VP

10/09/2009

Electronic Signature of Signing Officer or Director

Date