


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000061573</b> 1. Entity Name RAINBOW ART & DESIGN, INC.	
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Principal Place of Business 4750 W CURTIS ST TAMPA, FL 33614	Mailing Address 4750 W CURTIS ST TAMPA, FL 33614
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**DO NOT WRITE IN THIS SPACE**



07182006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3389877	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  ROTH, JACK 8507 SUNSTATE ST TAMPA, FL 33634	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ U00000571917  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 07/25/06-80008-006 150.00  
DATE

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTH, JACK 8507 SUNSTATE STREET TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILKINS, JOE 18004 FALCONS PL. TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BARAT, SHELDON L 8507 SUNSTATE ST TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** Joe Wilkins Joe Wilkins 7/31/06 813-348-0491  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #