## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 14, 2007 08:00 A Secretary of State DOCUMENT # P96000068972 RAINBOW METALS, INC. Principal Place of Business Mailing Address 20312 HACIENDA CT 20312 HACIENDA CT BOCA RATON, FL 33498 BOCA RATON, FL 33498 US CR2E034 (11/05) 03212007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0689068 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent DURAO, ALFRED C DO NOT WRITE 20312 HACIENDA COURT BOCA RATON, FL 33498 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 little if applicable (NOTE: Registered Agent signature required when reinstating) U00000764172 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 05/30/07-80047-006 550.00 Trust Fund Contribution Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS **PRES** TITLE DURAO, ALFRED NAME STREET ADDRESS 20312 HACIENA CT BOCA RATON, FL 33498 CITY-ST-ZIP TITLE NAME STREET ADDRESS CHTY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE 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 of 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 trusted 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**