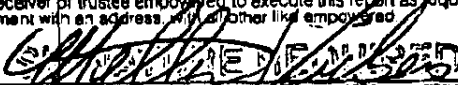


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2003 8:00 am
Secretary of State

6/16.

06-16-2003 90147 016 ***150.00
07-16-2003 90042 029 ***400.00

DOCUMENT # P97000106939			
1. Entry Name THE MAJACAL RAINBOW COMPANY			
Principal Place of Business 545 BECKLEY RD AUBURNDALE FL 33823		Mailing Address 545 BECKLEY RD AUBURNDALE FL 33823	
2. Principal Place of Business 545 Beckley Rd Suite, Apt. #, etc.		3. Mailing Address 545 Beckley Rd Suite, Apt. #, etc.	
City & State Auburndale, FL		City & State Auburndale, FL	
Zip 33823	Country POLK	Zip 33823	Country POLK
6. Name and Address of Current Registered Agent VICKERS, MELTON D 1417 MORGANWOOD DRIVE LAKELAND FL 33801		7. Name and Address of New Registered Agent 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 rechartering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP	NAME VICKERS, MELTON	☐ Delete	☐ Change ☐ Addition
STREET ADDRESS 1417 MORGANWOOD DR			
CITY - ST - ZIP LAKELAND FL 33801			
TITLE	NAME	☐ Delete	☐ Change ☐ Addition
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	NAME	☐ Delete	☐ Change ☐ Addition
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	NAME	☐ Delete	☐ Change ☐ Addition
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TITLE	NAME	☐ Delete	☐ Change ☐ Addition
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	NAME	☐ Delete	☐ Change ☐ Addition
STREET ADDRESS			
CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		Date: 7/25/2003 Daytime Phone: 863/967-4099	

CP2E084 (10/02)