


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2007 8:00 am
Secretary of State

09-14-2007 90004 004 ***550.00

DOCUMENT # P98000055815

1. Entity Name
STEEL RAINBOW MORTGAGE PROFESSIONALS, INC.



Principal Place of Business Mailing Address

906 ELMONT ST NW **906 ELMONT ST NW**
STE 4 **SUITE 4**
PALM BAY, FL 32907 **PALM BAY, FL 32907**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

1026 FALCONER ST NW **P.O. Box 110099**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Palm Bay, FL **Palm Bay, FL**

Zip Country Zip Country

32907 **USA** **32911** **USA**



09122007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

59-3592627 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LAGANO, ALBERT S ESQ
1803 AIRPORT BLVD.
PO BOX 697
MELBOURNE, FL 32902-0897

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	VANOVER, P. DEAN	
STREET ADDRESS	906 ELMONT ST. NW, SUITE 4	
CITY-ST-ZIP	PALM BAY, FL 32907	
TITLE	P	<input type="checkbox"/> Delete
NAME	VANOVER, CAROL J	
STREET ADDRESS	906 ELMONT ST NW, STE 4	
CITY-ST-ZIP	PALM BAY, FL 32907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. Box 110099	
CITY-ST-ZIP	PALM BAY, FL 32911	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. Box 110099	
CITY-ST-ZIP	PALM BAY, FL 32911	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *P. Dean Vanover* 9-13-07 Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #