


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
Jan 18, 2005 8:00 am
Secretary of State**

01-18-2005 90064 002 ***150.00

| | |
|--|---|
| DOCUMENT # 1. Entity Name Rainbowchildcare INCs 998000091476 |  |
|--|---|

DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| Principal Place of Business Rainbowchildcare INCs | 3. Mailing Address 1425 West Orange Blossom Trail |
| Suite, Apt. #, etc. 1425 West Orange Blossom Trail | Suite, Apt. #, etc. Apopka FL |
| City & State Trail, Apopka | City & State Apopka FL 32703 |
| Zip FLA | Country orange |

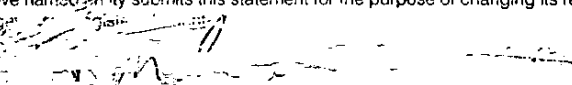
50003049

DO NOT WRITE IN THIS SPACE

| | | |
|--|--|--|
| 4. FEI Number 59-349-9950 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required |
| 7. Name and Address of Current Registered Agent | | |
| Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | |
| City | | |
| FL | | Zip Code |

**DO NOT WRITE
IN THIS SPACE**

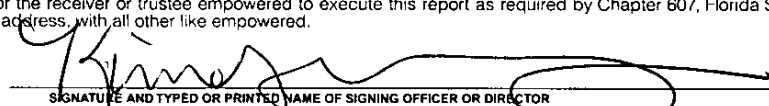
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

SIGNATURE:  DATE: **11/02/04**

| | |
|---|--|
| January - May 1 Fee \$50.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | | | |
|--|--|--|---------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Directors Kimberly English 1425 W.O.B.T Apopka Fla. 32712 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **11/02/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

ATTACHMENT



50003049

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

January 10, 2005

RAINBOW CHILD CARE, INC.
1425 WEST ORANGE BLOSSUM TRAIL
APOPKA, FL 32712

SUBJECT: RAINBOW CHILD CARE, INC.
Ref. Number: P98000091476

We have received your document for RAINBOW CHILD CARE, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

There is not a registered agent designated on the report. Please enter the current registered agent's name and Florida street address. If this is a change from the registered agent previously filed with this office, the new agent must sign accepting the designation.

~~The form submitted is not suitable for archiving. Please complete the enclosed form and return to our office.~~

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott
Document Specialist

Letter Number: 505A00001618

ATTACHMENT

30003049

11/15/04 CORPORATE DETAIL RECORD SCREEN 9:06 AM
 NUM: P98000091476 ST: FL ACTIVE/FL PROFIT FLD: 10/26/1998
 LAST: REINSTATEMENT FLD: 11/16/2001
 FEI#: 59-3499950
 NAME : RAINBOW CHILD CARE, INC.
 PRINCIPAL: 1425 WEST ORANGE BLOSSUM TRAIL CHANGED: 02/27/02
 ADDRESS APOPKA, FL 32712
 RA NAME : ENGLISH, KIMBERLY
 RA ADDR : APT 4204 ADDR CHG: -02/10/04
 2717 MAITLAND CROSSWAY
 ORLANDO, FL 32810 US
 ANN REP : (2002) A 02/27/02 (2003) A 02/20/03 (2004) A 02/10/04

~~11/15/04 OFFICER/DIRECTOR DETAIL SCREEN 9:06 AM~~
 CORP NUMBER: P98000091476 CORP NAME: RAINBOW CHILD CARE, INC.
 TITLE: P NAME: ENGLISH, KIMBERLY
 1425 WEST ORANGE BLOSSUM TRAIL
 APOPKA, FL 32703

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. TOP, 4. EVENTS

ENTER SELECTION AND CR:

ATTACHMENT



50003049

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

November 15, 2004

RAINBOW CHILD CARE, INC.
1425 WEST ORANGE BLOSSOM TRAIL
APOPKA, FL 32703

SUBJECT: RAINBOW CHILD CARE, INC.
Ref. Number: P98000091476

We have received your document for RAINBOW CHILD CARE, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

The annual report/uniform business report for this filing year is already on file as of February 10, 2004. See attached printout for verification.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kathy Ashton
Document Specialist

Letter Number: 404A00064809


2005 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

50003049

DOCUMENT # P98000091476

1. Entity Name
RAINBOW CHILD CARE, INC.



Principal Place of Business: 1425 WEST ORANGE BLOSSUM TRAIL APOPKA, FL 32712

Mailing Address: 1425 WEST ORANGE BLOSSUM TRAIL APOPKA, FL 32712

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.



01102005 Chg-P CR2E034 (10/03)

City & State: Zip Country

4. FEI Number: 59-3499950 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

ENGLISH, KIMBERLY
APT 4204
2717 MAITLAND CROSSWAY
ORLANDO, FL 32810

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 \$150.00~~
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | | |
|-----------------|--------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | ENGLISH, KIMBERLY | |
| STREET ADDRESS | 1425 WEST ORANGE BLOSSUM TRAIL | |
| CITY - ST - ZIP | APOPKA, FL 32703 | |
| 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 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 | |
| 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____