## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000027134

City-St-Zip: LINCOLNWOOD, IL 60712

Entity Name: RAINBOW RETIREMENT LIVING, INC.

FILED Feb 28, 2007 Secretary of State

| Current Principal Place of Business:                         |  |                                  | New Principal Place of Business:   |  |  |
|--|--|----------------------------------|------------------------------------|--|--|
| 75 E 7TH<br>HIALEAH, F                                       | L 33010                                    |                                  |                                    |  |  |
| Current Mailing Address:                                     |  |                                  | New Mailing Address:               |  |  |
|  | T DIXIE HIGH<br>AMI, FL 3316               |                                  |                                    |  |  |
| FEI Number: 6  | 55-0908660                                 | FEI Number Applied For()         | FEI Number Not Applicable ( )      | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: Name and Addre |  |                                  |                                    | f New Registered Agent:                      |  |
| 12221 WES  | , NORMAN J<br>T DIXIE HIGH<br>AMI, FL 3316 |                                  |                                    |  |  |
| The above r<br>in the State                                  |  | submits this statement for the p | ourpose of changing its registered | d office or registered agent, or both,       |  |
| SIGNATUR   | E:   |                                  |                                    |  |  |
|  | Electror                                   | ic Signature of Registered Age   | ent                                | Date   |  |
| Election Cam   | paign Financin                             | g Trust Fund Contribution ( ).   |                                    |  |  |
| OFFICERS AND DIRECTORS:                                      |  |                                  | ADDITIONS/CHANGE                   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
|  | PD ( )<br>ESFORMES, P                      |                                  | Title:<br>Name:<br>Address:        | ( ) Change ( ) Addition                      |  |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP ESFORMES PD 02/28/2007