2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Jan 31, 2005 08:00 AM DOCUMENT # S68503 1. Entity Name **Secretary of State** RAINBOW BOOKS, INC. Principal Place of Business Mailing Address **PO BOX 430** PO BOX 430 HIGHLAND CITY FL 33846-7430 HIGHLAND CITY FL 33846-7430 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0270526 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAMPE, CHARLES M. Street Address (P.O. Box Number is Not Acceptable) 2090 EAST CHURCH STREET BARTOW FL 33830 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete DILLE ☐ Change Addition Addition NAME PATTENGALE, JAMIE NAME STREET ADDRESS 2090 E CHURCH ST STREET ADDRESS CITY-ST-ZIP BARTOW FL CHY-SI-ZIP TITLE ☐ Delete 100000205888 🗆 Change ☐ Addition WRIGHT, BETTY LOU NAME NAME 01/31705-80031-015 t50.00 STREET ADDRESS 5435 HIGHLAND VIEW LANE CHREET ADDRESS CITY-ST-ZIP LAKELAND FL CHY-ST-ZIP TUTLE ☐ Delete TITLE ☐ Change Addition LAMPE, BETSY ANN NAME STREET ADDRESS 2090 E. CHURCH ST. STREET ADDRESS CITY-ST-ZIP **BARTOW FL** CITY-ST-ZIP THILE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 1004 Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP TITLE Delete THILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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: Batta &

1124105 863-648-4420 Date Datine Prone 9

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