

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # F41016
 1. Entity Name
RAINBOW PRINTING, INC.



Principal Place of Business Mailing Address
 C/O JOHN H. THOMAS C/O JOHN H. THOMAS
 1627 S FEDERAL HWY 1627 S FEDERAL HWY
 BOYNTON BEACH FL 33435-3953 BOYNTON BEACH FL 33435-3953

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number **59-2127501** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
THOMAS, JOHN H.
1627 S FEDERAL HWY
BOYNTON BEACH FL 33435

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 _____ DATE _____
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
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | PVP | <input type="checkbox"/> Delete |
| NAME | THOMAS, JOHN H. | |
| STREET ADDRESS | 10699 CAMBAY DRIVE | |
| CITY-ST-ZIP | BOYNTON BEACH FL | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | THOMAS, MARYANNE | |
| STREET ADDRESS | 10699 CAMBAY DR. | |
| CITY-ST-ZIP | BOYNTON BEACH FL | |
| 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 | | |

| | | |
|----------------|---------------------------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | U00000232811 | |
| CITY-ST-ZIP | 02/17/05-80016-019 150.00 | |
| 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:  **JOHN H. THOMAS** 2/14/05 561 364 9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #