

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F51160

Entity Name: RAINBOW RINKS, INC.

FILED
Mar 17, 2006
Secretary of State

Current Principal Place of Business:

1125 W. JEFFERSON ST.
BROOKSVILLE, FL 34601

New Principal Place of Business:

12219 S. ISTACHATTA RD.
FLORAL CITY, FL 34436

Current Mailing Address:

12219 S ISTACHATTA RD
FLORAL CITY, FL 34436 US

New Mailing Address:

FEI Number: 59-2135198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, PAMELA
12219 S. ISTACHATTA RD
FLORAL CITY, FL 34436 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: MORRIS, HAROLD EUGEN, E JR
Address: 12219 S ISTACHATTA RD
City-St-Zip: FLORAL CITY, FL 34436

Title: VSD () Delete
Name: MORRIS, PAMELA ANN,
Address: 12219 S ISTACHATTA RD
City-St-Zip: FLORAL CITY, FL 34436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: PAMELA MORRIS

VSD

03/17/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date