

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S68503

FILED
Jan 06, 2009
Secretary of State

Entity Name: RAINBOW BOOKS, INC.

Current Principal Place of Business:

PO BOX 430
HIGHLAND CITY, FL 338467430

New Principal Place of Business:

5435 HIGHLANDS VUE LN
LAKE LAND, FL 33812

Current Mailing Address:

PO BOX 430
HIGHLAND CITY, FL 338467430

New Mailing Address:

P.O. BOX 430
HIGHLAND CITY, FL 33846

FEI Number: 65-0270526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAMPE, CHARLES M.
2090 EAST CHURCH STREET
BARTOW, FL 33830 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: D () Delete
Name: PETERS, JAMIE
Address: 2090 E CHURCH ST
City-St-Zip: BARTOW, FL

Title: D () Delete
Name: WRIGHT, BETTY LOU,
Address: 5435 HIGHLAND VIEW LANE
City-St-Zip: LAKE LAND, FL

Title: D () Delete
Name: LAMPE, BETSY ANN,
Address: 2090 E. CHURCH ST.
City-St-Zip: BARTOW, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RHODES, JAMIE
Address: 504B S. OAK STREET
City-St-Zip: SPRINGFIELD, TN 37172

Title: D (X) Change () Addition
Name: WRIGHT, BETTY LOU,
Address: 5435 HIGHLAND VIEW LN
City-St-Zip: LAKE LAND, FL 33812

Title: D (X) Change () Addition
Name: LAMPE, BETSY ANN,
Address: 2090 E. CHURCH ST.
City-St-Zip: BARTOW, FL 33830

I hereby certify that the information supplied with this filing does not qualify 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: BETSY ANN LAMPE

D

01/06/2009

Electronic Signature of Signing Officer or Director

Date