

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-09-2007 90075 020 ***150.00

DOCUMENT # 129294 1. Entity Name THE HOUSE OF DELMAGE, INC.					
Principal Place of Business P O BOX 22706 TAMPA, FL 33622			Mailing Address P O BOX 22706 TAMPA, FL 33622		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-0298410	
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WING, PATRICK 405 SOUTH 22ND ST TAMPA, FL 33605				7. Name and Address of New Registered Agent Name Edwin Renberg Street Address (P.O. Box Number is Not Acceptable) 19606 Wyndmill Circle City Odessa FL Zip Code 33556	
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 <u>Edwin Renberg</u> DATE 4-23-07 (NOTE: Registered Agent signature required when resigning)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RENSBERG, PAMALA 19606 WYNDMILL CIRCLE ODESSA, FL 33556	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Renberg, Pamela 19606 Wyndmill Circle Odessa, FL 33556
☐ Change ☐ Addition		☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD RENBURG, EDWIN 19606 WYNDMILL CIRCLE ODESSA, FL 33556	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Renberg, Edwin 19606 Wyndmill Circle Odessa, FL 33556
☐ Change ☐ Addition		☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVS WING, P 19606 WYNDMILL CIRCLE ODESSA, FL 33556	☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
☐ Change ☐ Addition		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
☐ Change ☐ Addition		☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Walter E Renberg</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4-6-07 Daytime Phone # 813-248-5226		