


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 17, 2006 8:00 am**  
**Secretary of State**

08-17-2006 90002 035 \*\*\*550.00

**DOCUMENT # P02000123480**

1. Entity Name  
**DE-AL, INC.**



Principal Place of Business  
**6100 GLADES ROAD**  
**101**  
**BOCA RATON, FL 33434**

Mailing Address  
**6100 GLADES ROAD**  
**101**  
**BOCA RATON, FL 33434**

**50025366**



2. Principal Place of Business  
**6100 Glades Rd**  
 Suite, Apt. #, etc.  
**101**

3. Mailing Address  
**6137 Astoria Dr**  
 Suite, Apt. #, etc.

07032006 Chg-P CR2E034 (11/05)

City & State  
**Boca Raton FL**

City & State  
**Lake Worth FL**

Zip  
**33463** Country  
**USA**

Zip  
**33463** Country  
**USA**

4. FEI Number  
**68-0531469**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**RIDOLFO, PHILLIP T JR.**  
**777 S. FLAGLER DRIVE, #300E**  
**WEST PALM BEACH, FL 33401**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 6, 2006**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES</b> <b>AMOROSO, ROBERT</b> <b>6100 GLADES ROAD</b> <b>BOCA RATON, FL 33434</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>AMOROSO, DANIELLE</b> <b>6100 GLADES ROAD</b> <b>BOCA RATON, FL 33434</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRS</b> <b>ALIFANO, JOSEPH</b> <b>6100 GLADES ROAD</b> <b>BOCA RATON, FL 33434</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC</b> <b>ALIFANO, DEBRA</b> <b>6100 GLADES ROAD</b> <b>BOCA RATON, FL 33434</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres</b> <b>Alifano Joseph</b> <b>6137 Astoria Dr</b> <b>Lake Worth FL 33463</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Joseph Alifano</b> <b>6137 Astoria Dr</b> <b>LAKEWORTH FL 33463</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRS</b> <b>Alifano Joseph</b> <b>6137 Astoria Dr</b> <b>LAKEWORTH FL 33463</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC</b> <b>Alifano Joseph</b> <b>6137 Astoria Dr</b> <b>LAKE WORTH FL 33463</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-15-06** **5613895678**  
 Date Daytime Phone #