

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90052 016 ***150.00

DOCUMENT # P05000099127		
1. Entity Name DELLA PERLA, INC.		

Principal Place of Business 201 MONTAGUE ST LUNENBURG, NS B0J2C OC	Mailing Address 201 MONTAGUE ST LUNENBURG LUNENBURG, NS B0J2C OC
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40116933



2. Principal Place of Business - No P.O. Box # 529 MAIN ST Suite, Apt. #, etc.	3. Mailing Address 529 MAIN ST Suite, Apt. #, etc.
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03142007 Chg-P CR2E034 (12/06)

City & State MAHONE BAY	City & State MAHONE BAY	4. FEI Number 84-1694401	Applied For Not Applicable
Zip B0J2E0	Country CANADA	Zip B0J2E0	Country CANADA

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

6. Name and Address of Current Registered Agent FLORIDA INCORPORATORS, INC. 8875 HIDDEN RIVER PARKWAY, SUITE 300 TAMPA, FL 33637-2087		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGREGOR, SHERRILOU 201 MONTAGUE ST. LUNENBURG, SCOTIA B0J 2C0, CANADA, ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MCGREGOR, LEE 240 WORTH AVE, #8 PALM BEACH FL 33480 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 7 APRIL 07 Daytime Phone # _____