


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P17097
 1. Entity Name
 A.C. DELLOVADE, INC.



Principal Place of Business: 108 CAVASINA DRIVE, CANONSBURG, PA 15317 US
 Mailing Address: 108 CAVASINA DRIVE, CANONSBURG, PA 15317 US

DO NOT WRITE IN THIS SPACE



03182005 No Chg-P CR2E034 (10/03)
 4. FEI Number: 25-1242514 Applied For / Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

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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, 2005 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	DELLOVADE, ARMAND C
STREET ADDRESS	R.D. 2
CITY-ST-ZIP	CANNONSBURG, PA
TITLE	SD
NAME	DELLOVADE, PETER J
STREET ADDRESS	190 ROSCOMMON PLACE
CITY-ST-ZIP	MCMURRAY, PA
TITLE	V
NAME	DELLOVADE, DENNIS
STREET ADDRESS	439 ROBINSHOOD LANE
CITY-ST-ZIP	MCMURRAY, PA
TITLE	V
NAME	RILEY, PATRICK L
STREET ADDRESS	2 ASPEN DRIVE
CITY-ST-ZIP	WASHINGTON, PA 15301
TITLE	D
NAME	FERRIS, RICHARD
STREET ADDRESS	1150 OLD POND ROAD
CITY-ST-ZIP	BRIDGEVILLE, PA 15017
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000314895
 04/19/05-80012-020 150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Armand C Dellova 3/22/05 784-973-8190
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #