


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90270 043 \*\*\*150.00

**DOCUMENT # P97000037199**

1. Entity Name  
 DELRAY BEACH PROPERTY, INC.



Principal Place of Business  
 P O BOX 803  
 KATONAH, NY 10536 US

Mailing Address  
 P O BOX 803  
 KATONAH, NY 10536 US

**50005732**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03172006 Chg-P CR2E034 (11/05)

City & State  
 Zip Country

4. FEI Number  
 65-0751824

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

LOUIS J. CARBONE P.A.  
 65 NE 4TH AVE  
 DELRAY BEACH, FL 33483

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 11 SOUTH SWINSON AVENUE

City DELRAY BEACH FL Zip Code 33414

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ROSNER, CHARLES	
STREET ADDRESS	P O BOX 803	
CITY-ST-ZIP	KATONAH, NY 10536	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSNER, FRANCES	
STREET ADDRESS	P O BOX 803	
CITY-ST-ZIP	KATONAH, NY 10536	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUTKOVSKY, EDWARD	
STREET ADDRESS	P O BOX 803	
CITY-ST-ZIP	KATONAH, NY 10536	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUTKOVSKY, LISA	
STREET ADDRESS	P O BOX 803	
CITY-ST-ZIP	KATONAH, NY 10536	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Charles Rosner Date: 3/20/2006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR