


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000037199

1. Entity Name
DELRAY BEACH PROPERTY, INC.



Principal Place of Business Mailing Address

P O BOX 803 **P O BOX 803**
KATONAH, NY 10536 US **KATONAH, NY 10536 US**

DO NOT WRITE IN THIS SPACE



01232007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0751824 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.
11 SOUTH SWINTON AVE
DELRAY BEACH, FL 33444

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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

TITLE	D
NAME	ROSNER, CHARLES
STREET ADDRESS	P O BOX 803
CITY-ST-ZIP	KATONAH, NY 10536
TITLE	D
NAME	ROSNER, FRANCES
STREET ADDRESS	P O BOX 803
CITY-ST-ZIP	KATONAH, NY 10536
TITLE	D
NAME	RUTKOVSKY, EDWARD
STREET ADDRESS	P O BOX 803
CITY-ST-ZIP	KATONAH, NY 10536
TITLE	D
NAME	RUTKOVSKY, LISA
STREET ADDRESS	P O BOX 803
CITY-ST-ZIP	KATONAH, NY 10536
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/06/07-80015-013.150.00

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/07
Date

Daytime Phone #