

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # S62656**

1. Entity Name  
DLF INTERNATIONAL, INC.



Principal Place of Business  
5820 1ST STREET S.W.  
VERO BEACH, FL 32968 US

Mailing Address  
5820 1ST STREET S.W.  
VERO BEACH, FL 32968 US



04052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3074510	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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

HENDERSON, STEVE L  
817 BEACHLAND BLVD  
VERO BEACH, FL 32963

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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

U00000530860  
05/06/06-80015-005 200.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FEEK, DOUGLAS L 460 44TH TERRACE SW VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST FEEK, MELANIE B 160 44TH TERRANCE SW VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FEEK, WILLIAM 1483 COUNTY RD 579 DADE CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV HALL, WILLIAM E 3226 ATLANTIC BLVD VERO BCH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEAVER, ALISA 4026 CYPRESS LANDING SO WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Melanie Feek*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/19/2006* *772-778-2580*  
Date Daytime Phone #