## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 349172** 

Address:

City-St-Zip:

5700 SIMMS ROAD

DELRAY BEACH, FL 33484

FILED Feb 26, 2007 Secretary of State

Entity Name: DELRAY ONE, INC.							
Current Principal Place of Business:				New Principal Place of Business:			
5700 SIMM DELRAY B	S ROAD EACH, FL 33	484					
Current Mailing Address:				New Mailing Address:			
5700 SIMMS ROAD DELRAY BEACH, FL 33484				955 OLD STATE ROAD 8 VENUS, FL 33960			
FEI Number:	59-1259844	FEI Number Applied For ( )	FEI Nun	nber Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
KOORNNEEF, JACOB C/O DELRAY PLANTS INC 5700 SIMMS ROAD DELRAY BEACH, FL 33484 US				KOORNNEEF, JACOB C/O DELRAY PLANTS INC 955 OLD STATE ROAD 8 VENUS, FL 33960 US			
The above in the State		submits this statement for the p	urpose o	of changing it	ts registere	ed office or registered agent, or both,	
SIGNATURE:				02/26/2007			
Electronic Signature of Registered Agent						Date	
Election Can	npaign Financin	g Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD ( KOORNNEEF, 7752 BRIDLING BOYNTON BEA	GTON DRIVE		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	STD ( KOORNNEEF, 7752 BRIDLING BOYNTON BEA	STON DRIVE		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( KOORNNEEF, 10667 HAGEN BOYNTON BEA	RANCH RD		Title: Name: Address: City-St-Zip:	130 DEAN	(X) Change()Addition EEF, EDWARD NA DRIVE CID, FL 33852	
Title: Name:	VP ( GILDE, RANDY	) Delete		Title: Name:	VP GILDE, RA	(X) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

433 LAKE MIRROR DRIVE

LAKE PLACID, FL 33852

SIGNATURE: JACOB KOORNNEEF PD 02/26/2007