

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 349172

FILED
Jan 19, 2009
Secretary of State

Entity Name: DELRAY ONE, INC.

Current Principal Place of Business:

5700 SIMMS ROAD
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

955 OLD STATE ROAD 8
VENUS, FL 33960

New Mailing Address:

956 OLD STATE ROAD 8
VENUS, FL 339602167

FEI Number: 59-1259844

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOORNNEEF, JACOB
C/O DELRAY PLANTS INC
955 OLD STATE ROAD 8
VENUS, FL 33960 US

Name and Address of New Registered Agent:

KOORNNEEF, JACOB
C/O DELRAY ONE INC.
956 OLD STATE ROAD 8
VENUS, FL 339602167 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

01/19/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KOORNNEEF, JACOB
Address: 7752 BRIDLINGTON DRIVE
City-St-Zip: BOYNTON BEACH, FL

Title: STD () Delete
Name: KOORNNEEF, MARY
Address: 7752 BRIDLINGTON DRIVE
City-St-Zip: BOYNTON BEACH, FL

Title: VP () Delete
Name: KOORNNEEF, EDWARD
Address: 130 DEANNA DRIVE
City-St-Zip: LAKE PLACID, FL 33852

Title: VP () Delete
Name: GILDE, RANDY
Address: 433 LAKE MIRROR DRIVE
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KOORNNEEF, JACOB
Address: 7752 BRIDLINGTON DRIVE
City-St-Zip: BOYNTON BEACH, FL 334725054

Title: STD (X) Change () Addition
Name: KOORNNEEF, MARY
Address: 7752 BRIDLINGTON DRIVE
City-St-Zip: BOYNTON BEACH, FL 334725054

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: JACOB KOORNNEEF

Electronic Signature of Signing Officer or Director

PD

01/19/2009

Date