

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 349172

FILED  
Jan 04, 2010  
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:**

956 OLD STATE ROAD 8  
VENUS, FL 339602167

**New Mailing Address:**

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 ONE INC.  
956 OLD STATE ROAD 8  
VENUS, FL 339602167 US

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KOORNNEEF, JACOB  
Address: 109 MELANIE DRIVE  
City-St-Zip: LAKE PLACID, FL 33852

Title: STD  
Name: KOORNNEEF, MARY  
Address: 109 MELANIE DRIVE  
City-St-Zip: LAKE PLACID, FL 33852

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

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

I hereby 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 all other like empowered.

SIGNATURE: JACOB KOORNNEEF

PD

01/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date