

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 417772

FILED
Mar 10, 2006
Secretary of State

Entity Name: DALEON CONSTRUCTION CO., INC.

Current Principal Place of Business:

405 THORPE ROAD
ORLANDO, FL 32824 US

New Principal Place of Business:

Current Mailing Address:

P. O BOX 593772
ORLANDO, FL 328593772 US

New Mailing Address:

FEI Number: 59-1432676 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARREN, DAVID E PRES.
405 THORPE ROAD
ORLANDO, FL 32824 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 () Delete
Name: WARREN, DAVID E PRES.
Address: 14253 COUNTRY ESTATE DR
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: D () Delete
Name: WARREN, NINA G D
Address: 3413 ELLEN DRIVE
City-St-Zip: ORLANDO, FL 32805 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: WARREN, NINA G D
Address: 3413 ELLEN DRIVE
City-St-Zip: ORLANDO, FL 32806 US

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.

SIGNATURE: DAVID E. WARREN

PRES

03/10/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date