

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 641694

Entity Name: DEL SWILLEY, INC.

FILED
Jan 10, 2005
Secretary of State

Current Principal Place of Business:

170 COMMERCE ROAD
SUITE #5
BOYNTON BEACH, FL 334269364

New Principal Place of Business:

Current Mailing Address:

170 COMMERCE ROAD
SUITE #5
BOYNTON BEACH, FL 334269364

New Mailing Address:

FEI Number: 59-1945084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWILLEY, DELMA W.
11676 DUNES RD
BOYNTON BCH., FL 33436 US

Name and Address of New Registered Agent:

SWILLEY, TIMOTHY W
170 COMMERCE ROAD
SUITE #5
BOYNTON BCH., FL 33426 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: TIMOTHY SWILLEY

01/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SWILLEY, DELMA W,
Address: 11676 DUNES RD
City-St-Zip: BOYNTON BCH., FL

Title: STD (X) Delete
Name: SWILLEY, TIMOTHY W.,
Address: 10300 PRESTWICK RD.
City-St-Zip: BOYNTON BCH., FL 33436

Title: VD (X) Delete
Name: SWILLEY, PAUL D
Address: 150 S.W. 24TH AVE
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SWILLEY, TIMOTHY W
Address: 170 COMMERCE ROAD, SUITE #5
City-St-Zip: BOYNTON BEACH, FL 33426

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 for the exemption stated in Section 119.07(3)(i), 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: TIMOTHY SWILLEY

PD

01/10/2005

Electronic Signature of Signing Officer or Director

Date