2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 08:00 AM
Secretary of State

DOCUMENT # 854499

1. Entity Name
DELFA DEVELOPMENT N.V.

Principal Place of Business	Mailing Address
C/O J. LINDSAY BUILDER, JR. 369 N NEW YORK AVE, 3RD FLOOR WINTER PARK, FL 32789 US	150 E 4TH ST SUITE 400 CINCINNATI, OH 45202 US

07102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1273342
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BUILDER, J. LINDSAY J
369 NO NEW YORK AVE.
3RD FLOOR
WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

U00000570295
07/14/06-80008-007 158.75

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SAMAWI, ANWAR
STREET ADDRESS	17 RUE DE LA CROIX D'OR 5TH FL
CITY-ST-ZIP	GENEVA, SW
TITLE	D
NAME	HASSAN, KHALED H
STREET ADDRESS	4TH CIRCLE JABAL AMMAN
CITY-ST-ZIP	AMMAN, JORDAN,
TITLE	D
NAME	CURACAO CORP COMPANY,NV
STREET ADDRESS	DE RUYTERKADE 62
CITY-ST-ZIP	CURACAO, N.A.,
TITLE	D
NAME	SAMAWI, ABDEL
STREET ADDRESS	10132 LONGFORD DR
CITY-ST-ZIP	KNOXVILLE, TN 37922
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles J. Postow, Charles V. Postow V.P. 7/10/06 621-2120 (513)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #