2004 FOR PROFIT CORPORATION

ANNUAL REPORT



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DOCUMENT # F0000004224 1. Entity Name DELAWARE HOMES.COM, INC.					06-08-2004 90002 014 ***150.00				
Principal Plac	ce of Business	Mailing Address				44114	10401		
1 '	LL DR, 2ND FLOOR	1001 BAYHILL DR, 2NE SAN BRUNO, CA 94060				1101			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			06022004 Chg-P CR2E034 (10/03)				
City & Stat	te	City & State	1. 11. 11.		4. FEI Numbe				plied For
Zip	Country	Zip	Country		94-3347 5 Certificate (of Status Desired	<u> </u>	\$8.75 Add	t Applicable iitional
			<u> </u>					Fee Require	d
	6. Name and Address of Current	Registered Agent	Name	•	7. Name and	Address of Nev	v Registered /	Agent	T
LEXISNE	Ivaille								
1201 HAY	Street Ac	dress (P.	O. Box Numbe	r is Not Accepta	ble)				
TALLAHA:									
									·
		•	City		-		FL	Zip Cod	е
8. The above	e named entity submits this statement fo	r the purpose of changing its	registered office or	registered	agent, or both	, in the State of	Florida. I am	familiar with,	and accept
the congar	tions of registered agent.								
SIGNATURE.	Signature hand or printed a man formation of annual	- Jen 3 - Feet - Olom							
	Signature, typed or printed name of registered agent	and title if applicable. (NDTE	Registered Agent signatur	re required wh	nen reinstating)		DATE		
FI	LE NOW!!! FEE IS \$150.00	B. Flantian Commit							
					O May Be	In accordance	e with s. 607	7.193(2)(b).	F.S., the
D			gn Financing ribution.		0 May Be I to Fees	In accordance corporation d	e with s. 607 id not receiv	'.193(2)(b), e the prior i	F.S., the notice.
10.		Trust Fund Contr	~		I to Fees	In accordance corporation d	id not receiv	e the prior i	notice.
	UE by September 8, 2004 OFFICERS AND CEOP	Trust Fund Contr	ribution.		ADDITIONS/	corporation d	id not receiv	e the prior i	notice.
10. TITLE NAME	OFFICERS AND CEOP OPSI, TOM	Trust Fund Contr	11. TITLE NAME	Added	ADDITIONS/C	corporation d	id not receiv	DIRECTOR	S IN 11
10. TITLE NAME STREET ADDRESS	OFFICERS AND CEOP OPSI, TOM 2470 EL CAMINO ROAD #210	Trust Fund Contr	11. TITLE NAME STREET ADDRESS	Added	ADDITIONS/C	CHANGES TO O	id not receiv	DIRECTOR	S IN 11
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND CEOP OPSI, TOM 2470 EL CAMINO ROAD #210 PALO ALTO, CA 94306	Trust Fund Contr	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	C EO Ors 1000	ADDITIONS/C	CHANGES TO O	id not receiv	DIRECTOR:	S IN 11
10. TITLE NAME STREET ADDRESS	OFFICERS AND CEOP OPSI, TOM 2470 EL CAMINO ROAD #210	Trust Fund Contr	TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	CEO Ors 1000 CFO	ADDITIONS/O	CHANGES TO O	id not receiv	DIRECTOR	S IN 11
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND CEOP OPSI, TOM 2470 EL CAMINO ROAD #210 PALO ALTO, CA 94306 CFO BENHAM, MICHAEL 2470 EL CAMINO ROAD #210	Trust Fund Contr	TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	CEO Ors 1001 Sm CFO	ADDITIONS/C	CHANGES TO O	id not receiv	DIRECTOR: Change	S IN 11
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND CEOP. OPSI, TOM 2470 EL CAMINO ROAD #210 PALO ALTO, CA 94306 CFO BENHÂM, MICHAEL 2470 EL CAMINO ROAD #210 PALO ALTO, CA 94306	Trust Fund Contr	TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	CEO Ors 1001 Sp CFO Mich 1001 Sm	ADDITIONS/OF Bayh. Bruns Rel Ben Bryh.	CHANGES TO O	id not receiv	DIRECTOR: Change	S IN 11
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND CEOP OPSI, TOM 2470 EL CAMINO ROAD #210 PALO ALTO, CA 94306 CFO BENHAM, MICHAEL 2470 EL CAMINO ROAD #210 PALO ALTO, CA 94306 S	Trust Fund Contr	TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	CEO Ors 1001 Sm CFO Mich 1001 Sm	ADDITIONS/O Bayh Bruns Beyhill Bruno	CHANGES TO O	id not received.	DIRECTOR: Change Change Change	S IN 11
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12. I hereby certify that the information supplied with this filing does not qualify 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 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL NEWMAN

6.2.04