

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90068 006 ***150.00

DOCUMENT # F03000005235

1. Entity Name
THE DELAWARE ESCROW COMPANY



Principal Place of Business
BOX 2741
SUN VALLEY, ID 83353

Mailing Address
BOX 2741
SUN VALLEY, ID 83353

2. Principal Place of Business
601 S. 10th Street

Suite, Apt. #, etc.
Suite 107

City & State
Las Vegas, NV

Zip
89101

Country
USA

3. Mailing Address
601 S. 10th Street

Suite, Apt. #, etc.
Suite 107

City & State
Las Vegas, NV

Zip
89101

Country
USA



01262006 Chg-P CR2E034 (11/05)

4. FEI Number
51-0382821

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STILLMAN, L. VAN
1177 GEORGE BUSH BLVD.
STE 308
DELRAY BEACH, FL 33483

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DP** ☒ Delete
NAME **STILLMAN, L. VAN**
STREET ADDRESS **1177 GEORGE BUSH BLVD.**
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Change ☒ Addition
NAME **MaryAnn Metz**
STREET ADDRESS **4270 Verona Ave**
CITY-ST-ZIP **Las Vegas, NV 89120**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: *MaryAnn Metz* **MaryAnn Metz**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-06

Date

702-366-0017

Daytime Phone #