2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 22, 2007 08:00 AM DOCUMENT # F06000006490 **Secretary of State** 1. Entity Name DALMAR CONTRACTING CORP. Principal Place of Business Mailing Address 18 YORKSHIRE ROAD 18 YORKSHIRE ROAD **ROCKVILLE CENTRE, NY 11570** ROCKVILLE CENTRE, NY 11570 CR2E034 (11/05) 01082007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-3470379 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DALESSIO, ROBERT DO NOT WRITE 4104 WEST SAN LUIS ST TAMPA, FL 33629 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U00000597002 01/24/07-80013-003 10. OFFICERS AND DIRECTORS TITLE DALESSIO, ALAN NAME STREET ADDRESS 18 YORKSHIRE ROAD CITY-ST-ZIP **ROCKVILLE CENTRE, NY 11570** NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADORESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZiP TITLE

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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

1/15/07

516. 5945652

Daytime Phone #

FILED