

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F44495</b> 1. Entity Name <b>DALEANGIN, INC.</b>					
Principal Place of Business <b>1416 OLD OKEECHOBEE RD W PALM BCH FL 33401</b>			Mailing Address <b>1416 OLD OKEECHOBEE RD W PALM BCH FL 33401</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2169625</b> <div style="float: right; text-align: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applied         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SOULE, JOSEPH D 1416 OLD OKEECHOBEE ROAD WEST PALM BEACH FL</b>			Name Street Address (P O Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	SOULE, JENNIFER R	NAME			
STREET ADDRESS	124 EBBTIDE DR.	STREET ADDRESS			
CITY - ST - ZIP	N. PALM BEACH FL	CITY - ST - ZIP			
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	SOULE, JENNIFER R	NAME			
STREET ADDRESS	124 EBBTIDE DR.	STREET ADDRESS			
CITY - ST - ZIP	N. PALM BEACH FL	CITY - ST - ZIP			
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	SOULE, JOSEPH D	NAME			
STREET ADDRESS	124 EBBTIDE DR.	STREET ADDRESS			
CITY - ST - ZIP	N. PALM BEACH FL	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
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STREET ADDRESS		STREET ADDRESS			
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TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Jennifer R Soule</u> <u>JENNIFER R SOULE SECRETARY</u> <u>4/7/06</u> <u>561-833-3396</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



1st MOORE CR2E034 (10/05)

4. FEI Number **59-2169625** ☐ Applied For ☐ Not Applied

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

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7. Name and Address of New Registered Agent

**SOULE, JOSEPH D  
1416 OLD OKEECHOBEE ROAD  
WEST PALM BEACH FL**

Name  
Street Address (P O Box Number is Not Acceptable)  
City **FL** Zip Code

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP  
V ☐ Delete  
SOULE, JENNIFER R  
124 EBBTIDE DR.  
N. PALM BEACH FL

TITLE  
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CITY - ST - ZIP  
☐ Change ☐ Add

TITLE  
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CITY - ST - ZIP  
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SOULE, JENNIFER R  
124 EBBTIDE DR.  
N. PALM BEACH FL

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04/28/06-80023-021 150.00

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SOULE, JOSEPH D  
124 EBBTIDE DR.  
N. PALM BEACH FL

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SIGNATURE: Jennifer R Soule JENNIFER R SOULE SECRETARY 4/7/06 561-833-3396  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR