



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F44495</b> 1. Entity Name <b>DALEANGIN, INC.</b>	
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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>
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07022007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2169625</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

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

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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

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SOULE, JENNIFER R 124 EBBTIDE DR. N. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SOULE, JENNIFER R 124 EBBTIDE DR. N. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SOULE, JOSEPH D 124 EBBTIDE DR. N. PALM BEACH, FL
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07/05/07-80001-024 150.00

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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:** *Jennifer R Soule* **JENNIFER R SOULE Sec/TREAS** **7/2/07 561-833-3396**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #