


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # F95000002702 1. Entity Name DELAWARE VALLEY FLORAL GROUP, INC.	
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Principal Place of Business 520 MANTUA BLVD. NORTH SEWELL, NJ 08080-1096	Mailing Address 520 MANTUA BLVD. NORTH SEWELL, NJ 08080-1096
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DO NOT WRITE IN THIS SPACE

04182007 No Chg-P CR2E034 (11/05)

4. FEI Number 22-2779770	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WILKINS, ROBERT 520 MANTUA BLVD. NORTH SEWELL, NJ 080801096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WILKINS, JOHN R 520 MANTUA BLVD. NORTH SEWELL, NJ 080801096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CONTRERAS, DAVID 1480 N.W. 94TH AVENUE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000723819
 05/02/07-80087-002 158.75

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: John R. Wilkins Date: 4/16/07 Daytime Phone #: 856-468-730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR