2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000797

AUSTIN, SANDRA

323 FIFTH STREET

EUREKA, C 95501

Name:

Address:

City-St-Zip:

Entity Name: DEL NORTE, INC.

FILED Apr 20, 2007 Secretary of State

•		_,			
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
323 FIFTH EUREKA,					
Current Mailing Address:			New Mailing Add	New Mailing Address:	
323 FIFTH EUREKA,		US			
FEI Number:	72-1315872	FEI Number Applied For () FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			t: Name and Addres	Name and Address of New Registered Agent:	
1201 HAYS SUITE 105	SSTREET	CORPORATION SYSTEM, 301 US	INC.		
	named entity of Florida.	submits this statement for	the purpose of changing its regist	ered office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Ager			d Agent	Date	
Election Car	npaign Financir	ng Trust Fund Contribution ()			
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	S/VP (GRUSHKIN, A 323 FIFTH ST EUREKA, CA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P/D (ARKLEY, ROE 323 FIFTH ST EUREKA, CA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	EVP (MENDHEIM, J 3050 WESTFO BATON ROUG	ORK DR	Address: 4150 S.	(X) Change()Addition IEIM, JACK · SHERWOOD FOREST BLVD ROUGE, LA 70816	
Title:	VP () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ALLAN GRUSHKIN SVP 04/20/2007