2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F96000005797

Entity Name: DELUCA GROUP, INC.

FILED Jul 07, 2005 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:	
	L VALE BLVD.		New Time	par rado de Basillossi.	
Current Mailing Address:			New Mailir	New Mailing Address:	
620 N. WYMORE ROAD, SUITE 240 MAITLAND, FL 32751					
FEI Number: 2	23-1892084	FEI Number Applied For ()	FEI Number Not Appli	cable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
B&C CORPORATE SERVICES OF CENTRAL FLA.,INC 390 N. ORANGE AVENUE, SUITE 1100 ORLANDO, FL 32801 US					
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.					
SIGNATURE:					
	Electronic	Signature of Registered Agent	t	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PCD ()[DELUCA, ALFON 107 FLORAL VAI YARDLEY, PA 1	_E BLVD.	Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	VTD () I DELUCA, VINCE 107 FLORAL VAI YARDLEY, PA 1	LE BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VSD () I DELUCA, JOSEF 107 FLORAL VAI YARDLEY, PA 1	_E BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ASD ()[DELUCA, JAMES 107 FLORAL VAI YARDLEY, PA 1	_E BLVD.	Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	AS () I HAINES II, RUSH 1345 CHESTNUT PHILADELPHIA,	STREET	Title: Name: Address: City-St-Zip:	AS (X) Change () Addition MCNAUGHT, MARY J 620 N. WYMORE ROAD MAITLAND, FL 32751	
Title: Name: Address: City-St-Zip:	VP () I ROSEN, ROBER 620 N. WYMORE MAITLAND, FL 3	ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: ROBERT T. ROSEN VP 07/07/2005