


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90197 033 \*\*\*150.00

**DOCUMENT # F99000003985**

1. Entity Name  
**DEL LAGO VENTURES, INC.**



Principal Place of Business  
**300 TECHNOLOGY COURT  
 SMYRNA, GA 30082**

Mailing Address  
**300 TECHNOLOGY COURT  
 SMYRNA, GA 30082**

60030301



2. Principal Place of Business  
**3225 Cumberland Blvd.**

3. Mailing Address  
**3225 Cumberland Blvd.**

Suite, Apt. #, etc.  
**Ste 100**

Suite, Apt. #, etc.  
**Ste. 100**

City & State  
**Atlanta GA**

City & State  
**Atlanta GA**

Zip  
**30339**

Country  
**USA**

Zip  
**30339**

Country  
**USA**

04242006 Chg-P CR2E034 (11/05)

4. FEI Number  
**58-2475871**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PASD LENKER, MAX 300 TECHNOLOGY COURT SMYRNA, GA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OK PASD OK Lenker, Max 3225 Cumberland Blvd, Ste. 100 Atlanta GA 30339 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOA BOLCH JR, CARL 300 TECHNOLOGY COURT SMYRNA, GA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OK C-AS-C OK Bolch Jr, Carl 3225 Cumberland Blvd, Ste. 100 Atlanta GA 30339 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOLCH, SUSAN B 300 TECHNOLOGY COURT SMYRNA, GA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OK SP OK Bolch Susan B 3225 Cumberland Blvd, Ste. 100 Atlanta GA 30339 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TASC DUMBACHER, ROBERT J 300 TECHNOLOGY COURT SMYRNA, GA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OK T-AS-CFO OK Dumbacher, Robert J 3225 Cumberland Blvd, Ste. 100 Atlanta GA 30339 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORAN, ALLISON B 300 TECHNOLOGY COURT SMYRNA, GA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OK D OK Moran, Allison B. 3225 Cumberland Blvd, Ste. 100 Atlanta GA 30339 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS CZAJA, CLAUDE P 300 TECHNOLOGY CT SMYRNA, GA 30082 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OK VP-AS-General Counsel OK Philip P. Gura 3225 Cumberland Blvd, Ste. 100 Atlanta GA 30339 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Robert J. Dumbacher **ROBERT J. DUMBACHER** 4/25/06 (770) 431-7600; x.1188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #