## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 05, 2007 8:00 am Secretary of State

DOCUMENT # F9900003985  1. Entity Name DEL LAGO VENTURES, INC.							03-05-2007 9	90065 01	5 ***150	.00
Principal Place of Business 3225 CUMBERLAND BLVD. STE 100 ATLANTA, GA 30339			Mailing Address 300 TECHNOLOGY COURT SMYRNA, GA 30082		1.		18719 : 1118 O 1111 O 1181	11 <b>48</b> 40 <b>44</b> 18 <b>4</b> M		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address 3225 Cumber land BIVd.							
Suite, Apt. #, etc.			Suite, Apt. #, etc. 512 - 100			02222007	Chg-P	CR2E0	34 (12/06)	
City & State			Atlanta, 6A		-	4. FEI Number 58-247			- <del></del>	plied For ot Applicable
Zip	Country		30339	' Country USA		5. Certificate	of Status Desired		\$8.75 Add Fee Required	
	6. Name and A	ddress of Current F	egistered Agent Name			7. Name and Address of New Registered Agent				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD					Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION, FL 33324						<del></del>	<u> </u>			
					City		<u></u>	FL	Zip Code	e
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 protect name of registered agent and 156 if approaching. (NOTE: Registered Agent signature required when remarking)  DATE										
	E NOW!!! FEE ay 1, 2007 Fee	55.00 May Be Added to Fees								
10.	/	OFFICERS AND E			ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
TITLE	PASD   LENKER, MAX		☐ Delete III						☐ Change	Addition
STREET ADDRESS	3225 CUMBER	LAND BLVD, STE.	. 100	STR	EET ADDRESS					
TITLE	ATLANTA, GA	30339	Delete	Till	r ST ZIP			·	Chann	C Addition
NAME	BOLCH JR, CA	RL	L Delete NAI		1				☐ Change	Addition
STREET ADDRESS	·				EET ADDRESS					
CITY-S1-ZIP	ATLANTA, GA	30339		f ST ZIP				<del></del>		
TITLE NAME	SD Delete III				l l				☐ Change	Addition Addition
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·				EET ADDRESS					
CITY-ST-7IP	ATLANTA, GA 30339				r SI ZIP					
TILE					Ł ar				☐ Change	Addition
NAME STREET ADDRESS					AE EET ADORESS					
CITY-S1-ZIP	ATLANTA, GA 30339				r SI ZIP					
IIITE	D	☐ Delete	TITE	- 1				☐ Change	Addition	
NAME STREET ADDRESS	MORAN, ALLISON B SS   3225 CUMBERLAND BLVD, STE. 100				AE EET ADORESS					
CITY ST ZIP					r SI ZIP					
TITLE	VPAS		☐ Delete	HIL	.t				☐ Change	Addition
NAME	GURA, PHILIP	100	NA#							
STREET ADDRESS CHTY-S1-ZIP	3225 CUMBER ATLANTA, GA	100		EET ADDRESS C ST ZIP						
12. I hereby	certify that the infor	mation supplied with	this liling does not qualify f	or the ex	emptions contain					
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.										