
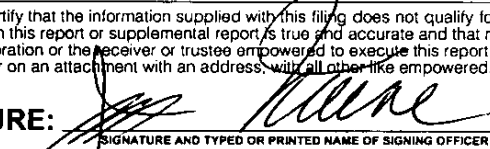


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90028 047 ***150.00

DOCUMENT # H90679					
1. Entity Name DEL MAR CORPORATION					
Principal Place of Business 5763 SW 130 AVE SOUTHWEST RANCHES, FL 33330 US			Mailing Address P.O. BOX 821515 PEMBROKE PINES, FL 33082-1515 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2609936	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MORLANNE, JESSE E 5763 SW 130 AVE SOUTHWEST RANCHES, FL 33330			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD MORLANNE, JESSE E <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORLANNE, JESSE E	NAME			
STREET ADDRESS	5763 SW 130 AVE	STREET ADDRESS			
CITY-ST-ZIP	SOUTHWEST RANCHES, FL 33330	CITY-ST-ZIP			
TITLE	SD MORLANNE, CARMEN M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORLANNE, CARMEN M	NAME			
STREET ADDRESS	5763 SW 130 AVE	STREET ADDRESS			
CITY-ST-ZIP	SOUTHWEST RANCHES, FL 33330	CITY-ST-ZIP			
TITLE	VD MORLANNE, ALEXANDER J <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORLANNE, ALEXANDER J	NAME			
STREET ADDRESS	9821 NW 18 MANOR	STREET ADDRESS			
CITY-ST-ZIP	PLANTATION, FL 33322	CITY-ST-ZIP			
TITLE	VD MORLANNE, JENNIFER C <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORLANNE, JENNIFER C	NAME	5581 SW 114 Ave		
STREET ADDRESS	1382 NW 123 TERR	STREET ADDRESS	DAVID, FL 33330		
CITY-ST-ZIP	PEMBROKE PINES, FL 33026	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		Date: 2/15/08		Daytime Phone #: 954 680 3776	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Jesse Morlanne, PD.					

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01252008 Chg-P CR2E034 (12/06)

4. FEI Number 59-2609936 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/15/08

Daytime Phone #: 954 680 3776

Jesse Morlanne, PD.