


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # K03093 1. Entity Name DELRAY PROPERTIES, INC.	
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Principal Place of Business C/O CORP TAX DEPT. 15-586 850 MAIN STREET BRIDGEPORT, CT 06604-4913	Mailing Address C/O CORP TAX DEPT. 15-586 850 MAIN STREET BRIDGEPORT, CT 06604-4913
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DO NOT WRITE IN THIS SPACE



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 06-1224942	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MACFARLAND, RICHARD B.
7777 GLADES ROAD, SUITE 300
BACO RATON, FL 33434

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000183237 01/19/05-80061-004 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRESTOVAN, PETER M. 850 MAIN ST. BRIDGEPORT, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATLOS, SUSAN 850 MAIN STREET BRIDGEPORT, CT 06604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BODOR, DAVID 850 MAIN ST BRIDGEPORT, CT 06604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC LEWIS, LYNDA 850 MAIN ST BRIDGEPORT, CT 06604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **1/17/05** **203-338-4069**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #