


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90028 008 \*\*\*150.00

<b>DOCUMENT # L49370</b>	
1. Entity Name <b>DELA PARK SOUTH, INC.</b>	

Principal Place of Business <b>280 S COLLIER BLVD UNIT 2203 MARCO ISLAND, FL 33937</b>	Mailing Address <b>280 S COLLIER BLVD UNIT 2203 MARCO ISLAND, FL 33937</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
02142008	Chg-P CR2E034 (12/06)
4. FEI Number <b>65-0195032</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

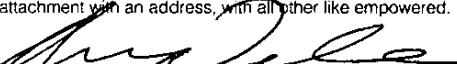
6. Name and Address of Current Registered Agent	
<b>SCUDERI, SALVATORE C. 983 N COLLIER BLVD. MARCO ISLAND, FL 34145</b>	

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 _____ (NOTE: Registered Agent signature required when reappointing)	
DATE _____	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DELAPA, JOSEPH</b>	NAME	<b>P DELAPA, JOSEPH</b>
STREET ADDRESS	<b>25 ROCKLAND ST. #11</b>	STREET ADDRESS	<b>25 ROCKLAND ST #11</b>
CITY-ST-ZIP	<b>WEST ROXBURY, MA 02132</b>	CITY-ST-ZIP	<b>WEST ROXBURY, MA 02132</b>
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DELAPA, ANTHONY F</b>	NAME	<b>V DELAPA, ANTHONY F.</b>
STREET ADDRESS	<b>193 BAY COLONY DRIVE</b>	STREET ADDRESS	<b>193 BAY COLONY DRIVE</b>
CITY-ST-ZIP	<b>WESTWOOD, MA 02090</b>	CITY-ST-ZIP	<b>WESTWOOD, MA 02090</b>
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DELAPA, JOHN P</b>	NAME	
STREET ADDRESS	<b>66 OAK STREET BOX 244</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WESTWOOD, MA</b>	CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SITEMAN, JANINE</b>	NAME	
STREET ADDRESS	<b>19 DELAPA CIRCLE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SOUTH WALPOLE, MA 02071</b>	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DELAPA, JOANN C</b>	NAME	
STREET ADDRESS	<b>193 BAY COLONY DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WESTWOOD, MA 02090</b>	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 _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	