2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 08, 2004 08:00 AM DOCUMENT # L99247 **Secretary of State** 1. Entity Name **DELÁFIELD CORPORATION** Principal Place of Business Mailing Address 570 MANOR ROAD 570 MANOR ROAD MAITLAND, FL 32751 US MAITLAND, FL 32751 US CR2E034 (10/03) 01052004 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3030437 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CURTIS, JOHN D. DO NOT WRITE 570 MANOR ROAD MAITLAND, FL 32751 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PSTD BITTLE CURTIS, JOHN D. NAME STREET ADDRESS 570 MANOR ROAD CITY-ST-ZP MAITLAND, FL 32751 U00000000483 NAME 01/08/04-80013-016 158.75 STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP 7175 E IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 each; 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:

STREET ADDRESS CITY-ST-ZIP 1335 6 NAME STREET ADDRESS CITY-ST-ZP

SIGNING OFFICER OR DIRECTOR