

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005729

FILED
Apr 14, 2008
Secretary of State

Entity Name: DALIA'S REACH INC.

Current Principal Place of Business:

13904 N BOULEVARD
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

13904 N BOULEVARD
TAMPA, FL 33613

New Mailing Address:

FEI Number: 20-5011019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOMEZ, ROBERT JR.
13904 N BOULEVARD
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: GOMEZ, ROBERT JR
Address: 13904 N BOULEVARD
City-St-Zip: TAMPA, FL 33613

Title: VP () Delete
Name: GOMEZ, DORIA A
Address: 13904 N BOULEVARD
City-St-Zip: TAMPA, FL 33613

Title: T () Delete
Name: DELRIO, J. EDWARD
Address: 888 EXECUTIVE CENTER DR. W, STE 101
City-St-Zip: ST. PETERSBURG, FL 33702

Title: S () Delete
Name: GOMEZ, CAMILLE M
Address: 13904 N BOULEVARD
City-St-Zip: TAMPA, FL 33613

Title: DIR () Delete
Name: LINDA PETERMAN CRC,L, MHC
Address: 11309 COUNTRYWAY BLVD.
City-St-Zip: TAMPA, FL 33626

Title: DIR (X) Delete
Name: CLAIRE OGLANDER,
Address: 2139 HARLANS RUN
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: GOMEZ, CAMILLE M
Address: 13904 N BOULEVARD
City-St-Zip: TAMPA, FL 33613

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT GOMEZ, JR.

PRES

04/14/2008

Electronic Signature of Signing Officer or Director

Date