


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N47947</b> 1. Entity Name DELRAY MERCHANTS ASSOCIATION, INC.	
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Principal Place of Business 404 WEST ATLANTIC AVENUE DELRAY BEACH, FL 33444	Mailing Address 404 WEST ATLANTIC AVENUE DELRAY BEACH, FL 33444
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04202007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0320758	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  WIDEMAN, CLAYTON 404 W ATLANTIC AVE DELRAY BEACH, FL 33444
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WIDEMAN, CLAYTON 404 W. ATLANTIC AVENUE DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CARTER, FRANCES 301 SW 12 AVE DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD FULTON, DAISY 107 NW 5 AVE DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WIDEMAN, HYACINTH 225 NE 21 ST. BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAMELITA, SMITH 400 W. ATLANTIC AVE 2ND FLOOR DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000725246 05/03/07-80014-017 70.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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 817, 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: Clayton Wideman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-07  
Date Daytime Phone #