

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

FILED

07 JAN -5 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11/28/06 01043 009 \$61.25
11152006 Chg-NP CR2E037 (4/06)

DOCUMENT # N96000005741 1. Entity Name DELRAY CENTRAL HOUSE GROUP, INC.					
Principal Place of Business 2170 W ATLANTIC AVE DELRAY BEACH, FL 33445 US			Mailing Address 2170 W ATLANTIC AVE DELRAY BEACH, FL 33445 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0708528	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FITZGERALD, THOMAS 8279 BERMUDA SOUND WAY BOYNTON BEACH, FL 33436			7. Name and Address of New Registered Agent Name <u>Elizabeth Hannon</u> Street Address (P.O. Box Number is Not Acceptable) <u>240 Sherwood Forest Dr</u> City <u>Delray Beach</u> FL Zip Code <u>33445</u>		
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 <u>Elizabeth Hannon</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>12/30/06</u> <small>(NOTE: Registered Agent signature required when retesting)</small>		
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZGERALD, THOMAS		NAME	LIZ HANNON	
STREET ADDRESS	8279 BERMUDA SOUND WAY		STREET ADDRESS	240 SHERWOOD FOREST DR	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MITCHELL, ALLSON		NAME		
STREET ADDRESS	345 B DE CORIE		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33444		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKEAN, THOMAS		NAME		
STREET ADDRESS	3625 DRANE DR		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP		
TITLE	CFO	<input checked="" type="checkbox"/> Delete	TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANNON, LIZ		NAME	MELISSA FREIHOFFER	
STREET ADDRESS	240 SHERWOOD FORREST DR		STREET ADDRESS	3479 S. Seacrest	
CITY-ST-ZIP	DELRAY BEACH, FL 33445		CITY-ST-ZIP	BOYNTON BEACH, FL 33435	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREIHOFFER, MELISSA		NAME	LISA ANDERSON	
STREET ADDRESS	3479 S SEACREST BLVD		STREET ADDRESS	1209 Belmont Place	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
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 617, 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: <u>Elizabeth Hannon</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>12/30/06</u> 561-702-6515 <small>Daytime Phone #</small>		

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