

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 15, 2008
Secretary of State

DOCUMENT# N96000005741

Entity Name: DELRAY CENTRAL HOUSE GROUP, INC.**Current Principal Place of Business:**2170 W ATLANTIC AVE
DELRAY BEACH, FL 33445 US**New Principal Place of Business:****Current Mailing Address:**2170 W ATLANTIC AVE
DELRAY BEACH, FL 33445 US**New Mailing Address:****FEI Number:** 65-0708528**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SEALESSE, MARK
801 ANDREWS AVE STE 8
DELRAY BEACH, FL 33483 US**Name and Address of New Registered Agent:**SEALESSE, MARK
801 ANDREWS AVE STE 8
DELRAY BEACH, FL 33483 US

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: MARK SCALESSE

05/15/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SEALESSE, MARK
Address: 801 ANDREWS AVE STE 8
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: V () Delete
Name: COLEMAN BAIZE, YOLANDA
Address: 904 SE 3RD ST
City-St-Zip: DELRAY BEACH, FL 33483

Title: T () Delete
Name: LUNDY, CATHY
Address: 3525 DIANE DR
City-St-Zip: BOYNTON BEACH, FL 33435

Title: CFO () Delete
Name: FREIHOFFER, MELISSA
Address: 3479 SOUTH SEACREST
City-St-Zip: BOYNTON BEACH, FL 33435

Title: S () Delete
Name: BARRETT, MARTHA
Address: 214 SEACREST CIR
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SEALESSE, MARK
Address: 801 ANDREWS AVE STE 8
City-St-Zip: DELRAY BEACH, FL 33483 US

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

Title: T (X) Change () Addition
Name: HAGAMAN, LIZ
Address: 2170 W. ATLANTIC AVE.
City-St-Zip: DELRAY BEACH, FL 33445

Title: CFO (X) Change () Addition
Name: WACHSBERGER, ARNOLD
Address: 345 B DE CARIE STREET
City-St-Zip: DELRAY BEACH, FL 33444

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: ARNOLD WACHSBERGER

D

05/15/2008

Electronic Signature of Signing Officer or Director

Date