


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90045 050 ****70.00

DOCUMENT # N99000004027	
1. Entity Name DELRAY ROCKS, INC.	

Principal Place of Business 1101 NW 2ND ST. DELRAY BEACH FL 33444 US	Mailing Address 1101 NW 2ND ST. DELRAY BEACH FL 33444 US
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2. Principal Place of Business SAME	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0932854		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DEMPS, PHILLIP 1101 NW 2ND STREET DELRAY BEACH FL 33444	
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7. Name and Address of New Registered Agent Name JEROME JACKSON Street Address (P.O. Box Number is Not Acceptable) 1101 N.W. 2ND ST. City DELRAY BEACH FL 33444	
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 <i>Jerome Jackson</i> DATE 8/2/05	

FILE NOW: FEE IS \$61.25 Due By September 7, 2005	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACKSON, JEROME 238 SW 13TH AVE DELRAY BEACH FL 33444 V <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NIXON, JULIE 1101 NW 2ND STREET DELRAY BEACH FL 33444 D <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WALTER STEPHENS 1101 N.W. 2ND ST. DELRAY BEACH, FL. 33444 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEPHEN, RUBY 1280 DORSON WAY DELRAY BEACH FL 33445 D <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D KATHLEEN SPRENKEL 1101 N.W. 2ND ST. DELRAY BEACH, FL. 33444 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEONARD, BENNIE 1101 NW 2ND STREET DELRAY BEACH FL 33444 D <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D DYSONIA PEELE 1101 N.W. 2ND ST DELRAY BEACH, FL. 33444 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAYNES, JOY 130 NW 8TH AVE DELRAY BEACH FL 33444 D <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORMA GIDDINGS 1101 N.W. 2ND ST. DELRAY BEACH, FL. 33444 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEMPS, PHILLIP 1101 NW 3RD STREET DELRAY BEACH FL 33444 D <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEAL COLLINS 1101 N.W. 2ND ST DELRAY BEACH, FL. 33444 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 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: <i>Jerome Jackson</i>	DATE: 8/2/05 PHONE: 561-809-2391