



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90016 024 \*\*\*150.00

<b>DOCUMENT # P00000049482</b>					
<b>1. Entity Name</b> DREL (FLORIDA) II INC.					
<b>Principal Place of Business</b> C/O COAST-TO-COAST REALTY 276 BALD EAGLE DRIVE MARCO ISLAND, FL 34145			<b>Mailing Address</b> C/O COAST-TO-COAST REALTY 276 BALD EAGLE DRIVE MARCO ISLAND, FL 34145		
<b>2. Principal Place of Business</b> 6939 Mauna Loa Lane Suite, Apt. #, etc.		<b>3. Mailing Address</b> 999 Vanderbilt Bch Rd Suite, Apt. #, etc. 601			
City & State Naples, FL		City & State Naples, FL		02242005    Chg-P    CR2E034 (10/03)	
Zip 34113		Country USA		<b>4. FEI Number</b> 59-3646734	
Zip 34113		Country USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ROLLER, PETRA C/O COAST-TO-COAST REALTY 276 BALD EAGLE DRIVE MARCO ISLAND, FL 34145			<b>7. Name and Address of New Registered Agent</b> Name <b>Kyle N. Williamson</b> Street Address (P.O. Box Number is Not Acceptable) 999 Vanderbilt Bch Rd Ste 601 City <b>Naples</b> <b>FL</b> Zip Code <b>34108</b>		
<b>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.</b>					
SIGNATURE _____ DATE <b>3/25/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS HAHNE, ERNST A OB ROSENBERGWEG 26 ALLSCHWILL, SWITZERLAND, CH-413		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HAHNE, RUTH OB. ROSENBERGWEG 26 ALLSCHWILL, SWITZERLAND, CH-413		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 607, 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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>3/25/05</b> Daytime Phone # _____		