

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90227 022 \*\*\*150.00

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04252006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P00000073008</b> 1. Entity Name <b>DEARELLANO COMMUNICATIONS, INC.</b>					
Principal Place of Business <b>5732 OLD CHENEY HWY. ORLANDO, FL 32807</b>			Mailing Address <b>20 N. ORANGE AVE SUITE 600 ORLANDO, FL 32801</b>		
2. Principal Place of Business <b>1417 N. SEMORON Blvd</b> Suite, Apt. #, etc. <b>Suite 202</b>		3. Mailing Address <b>1417 N. SEMORON Blvd.</b> Suite, Apt. #, etc. <b>Suite 202</b>			
City & State <b>ORLANDO, FL</b>		City & State <b>ORLANDO, FL</b>		4. FEI Number <b>59-3668019</b>	
Zip <b>32807</b>		Country <b>ORANGE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HENDRY, STONER, DELANCETT, &amp; BROWN, P.A. 20 N. ORANGE AVENUE SUITE 600 ORLANDO, FL 32801</b>			7. Name and Address of New Registered Agent Name <b>Ralph A. Suarez</b> Street Address (P.O. Box Number is Not Acceptable) <b>1417 N. SEMORON Blvd.</b> Suite <b>202</b> City <b>ORLANDO</b> <b>FL</b> Zip Code <b>32807</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. SIGNATURE <u><i>Ralph A. Suarez</i></u> DATE <u>4/28/06</u> <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 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing 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	PSD <input type="checkbox"/> Delete <b>SUAREZ, RALPH A 7808 GILLINGHAM COURT ORLANDO, FL 32825</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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.					
SIGNATURE: <u><i>Ralph A. Suarez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/28/06 (407) 737-3605 <small>Date Daytime Phone #</small>		