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FILED
Jun 27, 2002 8:00 am
Secretary of State
05-28-2002 91757 037 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000094333

1. Entity Name
Dellusional, Inc.

DO NOT WRITE IN THIS SPACE

95190

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2. Principal Place of Business	3. Mailing Address
7513 International Dr.	7513 International Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32819 Country: Orange	Zip: 32819 Country: Orange

4. FEI Number: 59-3692080 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Benjamin J. Frye

Street Address (P.O. Box Number is Not Acceptable): 7513 International Dr.

City: Orlando FL Zip Code: 32819

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.

SIGNATURE: Benjamin J. Frye 6/19/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: President NAME: Benjamin Frye STREET ADDRESS: 4676 Middlebrook Rd. Apt. I CITY-ST-ZIP: Orlando, FL 32811	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: Vice President NAME: Charles Clifford STREET ADDRESS: 6817 Longmeade Lane CITY-ST-ZIP: Orlando, FL 32822	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Benjamin J. Frye 4/30/02 407-345-8850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #