


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90179 002 \*\*\*158.75

DOCUMENT # P01000027296			
1. Entity Name <b>DELAROSA, INC.</b>			
Principal Place of Business DELA ROSA INC. 13528 JENNITA DRIVE HUDSON, FL 34667		Mailing Address 13528 JENNITA DRIVE HUDSON, FL 34667	
2. Principal Place of Business - No P.O. Box # <b>13414 US HWY 19</b>		3. Mailing Address <b>PO BOX 7327</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>HUDSON, FL.</b>		City & State <b>HUDSON, FL.</b>	
Zip <b>34667</b>	Country <b>US</b>	Zip <b>34674</b>	Country <b>US</b>
4. FEI Number <b>65-1084463</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>DELA ROSA, ANA P 13528 JENNITA DRIVE HUDSON, FL 33467</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DELA ROSA, ANA 13528 JENNITA DRIVE HUDSON, FL 34667 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DELA ROSA, ANA PO BOX 7327 HUDSON, FL. 34674 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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>Ana P Delarosa</u>		Date: <u>4/16/2007</u> Daytime Phone #: <u>(727)243-8755</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	