2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 08:00 All Secretary of State DOCUMENT # P01000031619 HOLLY L. DELAI & ASSOCIATES, INC. Principal Place of Business Mailing Address 160 BLUEBROOK CT 160 BLUEBROOK CT OVIEDO, FL 32766 OVIEDO, FL 32766 01192007 No Cha-P CR2E034 (11/05) Applied For 4. FEI Number 59-3705912 Not Applicable 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DELAI, HOLLY L 160 BLUEBROOK CT IN THIS SPACE OVIEDO, FL 32766 The same that the same with the same 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. DATE (NDTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **PVST** TITLE DELAI, HOLLY L NAME 160 BLUEBROOK CT STREET ADDRESS CITY-ST-ZIP OVIEDO, FL 32766 TITLE DELAI, HOLLY L NAME 160 BLUEBROOK CT STREET ADDRESS CITY-ST-ZIP OVIEDO, FL 32766 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME

12. I hereby certify that the information supplied with this filling 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 pustee 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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C(TY-ST-Z)P