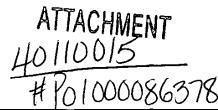
## 2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # D0100006279

# FILED May 10, 2007 8:00 am Secretary of State

|--|

1. Entity Name DELP & ASSOCIATES, INC.						05-10-2007 9	00022 036	5 ***150.0	00
Principal Place of Business Mailing Address					4014	<b>-</b> -			
2905 EAGLE ESTATES CIRCLE SOUTH CLEARWATER, FL 33761 2905 EAGLE ESTATES CIR CLEARWATER, FL 33761				HTUOS			M PRIN INM N	K <b>an</b> hiib <b>Jang</b> i hai	1984 M PSP4
2. Principal Pi	ace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03212007	Chg-P	CR2E0	34 (12/06)	
City & State		City & State			4. FEI Number 59-3743199				plied For t Applicable
Zip	Country	Zip	Coun	try		of Status Desired	<u> </u>	\$8.75 Add Fee Required	
	6. Name and Address of Current	7. Name and Address of New Registered Agent Name							
KENNEDY, JAMES J III 401 E JACKSON ST, SUITE 2500 TAMPA, FL 33602				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	<b>ə</b>
	named entity submits this statement for	or the purpose of changing its	registere	ed office or register	red agent, or bo	th, in the State of Flo	orida. I am	lamiliar with,	and accept
the obligations of registered agent.									
SIGNATURE Signature, typed disposited name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)									
FILI After Ma	E NOW!!! FEE IS \$150.00 by 1, 2007 Fee will be \$550.	9. Election Campai Trust Fund Contr	-		.00 May Be led to Fees				
10	OFFICERS AND		11.		ADDITIONS,	CHANGES TO OFF	ICERS AND		
NAME !	DELP, PAOLA							☐ Change	☐ Addition
STREET ADORESS City-St*zip	SS 2905 EAGLE ESTATES CIRCLE SOUTH STR			ET ADDRESS - ST - ZIP					
TITLE	<u> </u>	☐ Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS			NAMi Stre	et address					
CITY-ST-ZIP	1,000 m			-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAMI	E		,		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZiP				ET ADDRESS -ST-ZIP					
TITLE NAME STREET ADDRESS		☐ Delete		E ET ADDRESS				☐ Change	Addition
CITY-ST-ZIP		☐ Delete	TITLE	- ST - ZIP				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		L Delete	nami Stre					Спанус	Acciton
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete						☐ Change	☐ Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



### DELP & ASSOCIATES, INC.

2905 Eagle Estates Circle South Clearwater, Fl 33761

May 3, 2007

Florida Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

RE: FEI # 59-3743199

To whom it may concern:

The purpose of this correspondence is to notify you that my annual filing fee for the annual report is late due to my inability to get through to file online. I spoke with the online technical support and they tired several times to assist me in this process but they were unsuccessful to assist because the volume activity was so high from April 30- May 2nd. At that point, they suggested that I send in the form via traditional mail with a letter explaining the delay.

I would greatly appreciate your consideration in accepting the enclosed annual report filing fee for Delp & associates, Inc. In addition, I request that you consider waiving the penalty fee for delayed filing due to the computer technical issues that I experienced which created instant log outs and error messages.

Thank you for your consideration.

Paola Delp

President