


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000030373 1. Entity Name DLT INVESTMENTS, INC.	
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Principal Place of Business 6028 WASHINGTON ST HOLLYWOOD, FL 33023	Mailing Address 6028 WASHINGTON ST HOLLYWOOD, FL 33023
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DO NOT WRITE IN THIS SPACE



07152006 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0567377	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DAVEY, HERBERT A 6028 WASHINGTON ST HOLLYWOOD, FL 33023
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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 _____

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVEY, HERBERT A 6768 DOGWOOD DR MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS DAVEY, CHARMAINE 6768 DOGWOOD DR MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CHAMBERS-DAVEY, EVADNE 6768 DOGWOOD DR. MIRAMAR, FL 33023
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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: *EP Davey* **8.22.06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #