2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000058932

1. Entity Name
DELTRAN EUROPE B.V., INC.

Principal Place of Business	Mailing Address
4175 HIGHWAY 11 DELAND, FL 32724	4175 HIGHWAY 11 DELAND, FL 32724

DO NOT WRITE IN THIS SPACE

03032006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
04-3687983	Not Applicable

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

6. Name and Address of Current Registered Agent

PRELEC, MICHAEL L
4175 HIGHWAY 11
DELAND, FL 32724

DO NOT WRITE IN THIS SPACE

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_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

04/10/06-80025-021 150.00

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS		
TITLE	P		
NAME	PRELEC, MICHAEL L SR		
STREET ADDRESS	4175 HWY 11		
CITY-ST-ZIP	DELAND, FL 32724		
TITLE	S		
NAME	CLARKE, MELODEE A		
STREET ADDRESS	684 STRATFORD DR		
CITY-ST-ZIP	DELAND, FL 32724		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

DO NOT WRITE IN THIS SPACE

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: _____ SR   3-13-2006   386-136-7900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #