2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State

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04-30-2007 90453 034 ***150.00 JCUMEN | # P02000070483 1. Entity Name DLV ENTERPRISES OF SOUTHWEST FLORIDA, INC. 4600-Principal Place of Business Mailing Address 24951 OLD 41 RD 24951 OLD 41 RD STF 7 STE 7 **BONITA SPRINGS, FL 34135 BONITA SPRINGS, FL 34135** 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 04262007 Cha-P CR2E034 (12/06) Applied For City & State City & State 4 FEt Number 01-0724966 Not Applicable Zip Zio Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AYLWARD, ROBERT E Street Address (P.O. Box Number is Not Acceptable) 600 S. MAGNOLIA AVE. **SUITE 100** TAMPA, FL 33606 3 City Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITLE Change TITLE Delete VIŞGER, DAVID R NAME NAME STREET ADDRESS STREET ADDRESS 24951 OLD 41 RD #7 BONITA SPRINGS, FL 34135 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TILLE NAME VISGER, LINDA E NAME STREET ADDRESS STREET ADDRESS 24951 OLD 41 RD #7 BONITA SPRINGS, FL 34135 CITY-ST-ZP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP