


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 17, 2006 8:00 am**  
**Secretary of State**

08-17-2006 90002 035 \*\*\*550.00

<b>DOCUMENT # P02000123480</b> 1. Entity Name <b>DE-AL, INC.</b>			
Principal Place of Business <b>6100 GLADES ROAD</b> <b>101</b> <b>BOCA RATON, FL 33434</b>		Mailing Address <b>6100 GLADES ROAD</b> <b>101</b> <b>BOCA RATON, FL 33434</b>	
2. Principal Place of Business <b>6100 Glades Rd</b> Suite, Apt. #, etc. <b>101</b>		3. Mailing Address <b>6137 Astoria Dr</b> Suite, Apt. #, etc. 	
City & State <b>Boca Raton FL</b> Zip <b>33463</b> Country <b>USA</b>		City & State <b>Lake Worth FL</b> Zip <b>33463</b> Country <b>USA</b>	
4. FEI Number <b>68-0531469</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>RIDOLFO, PHILLIP T JR.</b> <b>777 S. FLAGLER DRIVE, #300E</b> <b>WEST PALM BEACH, FL 33401</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 8, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PRES</b> NAME <b>AMOROSO, ROBERT</b> STREET ADDRESS <b>6100 GLADES ROAD</b> CITY-ST-ZIP <b>BOCA RATON, FL 33434</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>Pres</b> NAME <b>Alifano Joseph</b> STREET ADDRESS <b>6137 Astoria Dr</b> CITY-ST-ZIP <b>Lake Worth FL 33463</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VP</b> NAME <b>AMOROSO, DANIELLE</b> STREET ADDRESS <b>6100 GLADES ROAD</b> CITY-ST-ZIP <b>BOCA RATON, FL 33434</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>VP</b> NAME <b>Joseph Alifano</b> STREET ADDRESS <b>6137 Astoria Dr</b> CITY-ST-ZIP <b>LAKEWORTH FL 33463</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>TRS</b> NAME <b>ALIFANO, JOSEPH</b> STREET ADDRESS <b>6100 GLADES ROAD</b> CITY-ST-ZIP <b>BOCA RATON, FL 33434</b>	<input type="checkbox"/> Delete	TITLE <b>TRS</b> NAME <b>Alifano Joseph</b> STREET ADDRESS <b>6137 Astoria Dr</b> CITY-ST-ZIP <b>LAKEWORTH FL 33463</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>SEC</b> NAME <b>ALIFANO, DEBRA</b> STREET ADDRESS <b>6100 GLADES ROAD</b> CITY-ST-ZIP <b>BOCA RATON, FL 33434</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>SEC</b> NAME <b>Alifano Joseph</b> STREET ADDRESS <b>6137 Astoria Dr</b> CITY-ST-ZIP <b>LAKEWORTH FL 33463</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>9-15-06</b> Daytime Phone # <b>5613895678</b>	

**50025366**



07032006 Chg-P CR2E034 (11/05)