## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000032163

DALIMED IN COTMENTO INC

FILED May 03, 2006 Secretary of State

0 4 D					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
693 BREN PENSACC	T LANE DLA, FL 32503	US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
693 BREN PENSACC	T LANE DLA, FL 32503	US			
FEI Number:	75-1661989	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: N			Name and Address of	Name and Address of New Registered Agent:	
6997 FOR: PENSACC	BETTY A E.A. SHALEE DRIVE DLA, FL 32503	E US			
n the State	named entity s e of Florida.	ubmits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
in the State SIGNATUF	e of Florida. RE:	·	, , , ,		
n the State	e of Florida. RE:	ubmits this statement for the p	, , , ,	office or registered agent, or both,  Date	
in the State SIGNATUF in accordan	e of Florida.  RE: Electroni  ce with s. 607.193	·	ent		
n the State SIGNATUF n accordan Election Car	e of Florida.  RE: Electroni  ce with s. 607.193	ic Signature of Registered Age (2)(b), F.S., the corporation did no Trust Fund Contribution ().	ent t receive the prior notice.		
n the State SIGNATUF n accordan Election Car	e of Florida.  RE:  Electronice with s. 607.193  Inpaign Financing  S AND DIRECT	ic Signature of Registered Age 8(2)(b), F.S., the corporation did no Trust Fund Contribution ( ).  FORS:  Delete ( A EE DRIVE	ent t receive the prior notice. ADDITIONS/CHANGE	Date	
in the State SIGNATUF In accordant Election Car OFFICERS Title: Name: Address:	E of Florida.  RE: Electronice with s. 607.193  Inpaign Financing  S AND DIRECT  PRES ()  HOLLEY, BETTY  6997 FORSHAL  PENSACOLA, FI	ic Signature of Registered Age 6(2)(b), F.S., the corporation did no Trust Fund Contribution ( ). FORS: Delete ( A EE DRIVE L 32503 US Delete ELYN	ent t receive the prior notice.  ADDITIONS/CHANGE Title: Name: Address: City-St-Zip:	Date S TO OFFICERS AND DIRECTORS:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY A. HOLLEY **PRES** 05/03/2006