2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 24, 2005 08:00 AM Secretary of State DOCUMENT # P03000061437 1. Entity Name DEL & WORK INC. Mailing Address Principal Place of Business 6164 CLEVELAND ROAD 6164 CLEVELAND ROAD JACKSONVILLE, FL 32209 JACKSONVILLE, FL 32209 No Chg-P CR2E034 (10/03) 05132005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0692724 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE TESSEMA, NETSANT 6164 CLEVELAND RD JACKSONVILLE, FL 32209 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Due by September 7, 2005 OFFICERS AND DIRECTORS 10. TITLE PB TESSEMA, NETSANT NAME U00000368129 85/24/05-80004-022 150.00 6164 CLEVELAND ROAD STREET ADDRESS JACKSONVILLE, FL 32209 CITY-ST-ZIP VΤ TITLE BELAY, WORKU B NAME STREET ADDRESS 6164 CLEVELAND ROAD JACKSONVILLE, FL 32209 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - 7IP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED

Daylime Phone #