

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90032 040 ***150.00

DOCUMENT # P03000112904
1. Entity Name
D & T ENTERPRISES OF GREENACRES, INC.



Principal Place of Business
**3967 JOG RD
GREENACRES, FL 33467**

Mailing Address
**3967 JOG RD
GREENACRES, FL 33467**

40018975

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.



01052007 Chg-P CR2E034 (12/06)

City & State
Zip Country

4. FEI Number
20-0280685

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**GUZIEJKA, TRACEY
14380 WITHER CIRCLE
WELLINGTON, FL 33414**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RESNICK, DESIDERIA V 36 CEDAR CIRCLE BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUZIEJKA, TRACEY 14380 WITHER CLOSE WELLINGTON, FL 33414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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.

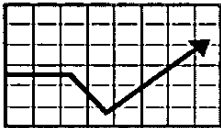
SIGNATURE: *Tracey Guziejka* **Tracey Guziejka** **2-11-07** **561-6416010**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40018975

#P03008112904

THE NEWMAN GROUP, INC.



6801 Lake Worth Road

Suite 119

Lake Worth, Florida 33467

Phone: 561-642-6999

FAX: 561-642-3377

EMAIL: LBN@NEWMANADVISORS.COM

D & T ENTERPRISES OF GREENACRES, INC.

Client Name _____

1/5/07

2007

Date _____ Tax Year Ending _____

Please follow the applicable filing instructions for each form attached as indicated by the boxes checked:

2007 FOR PROFIT CORPORATION ANNUAL REPORT

(X) Form _____

(X) Affix Officer's signature, Title and Date

() Affix personal & spouse's signature, if applicable and date

() There is no money due with this return; however, it must be signed and mailed on or

before _____

FLORIDA DEPT OF STATE

(X) Prepare a check payable to _____

\$ 150.00

APRIL 30, 2007

for _____ and mail with your signed return before _____ in

the enclosed envelope. Please make sure your check includes the tax ID, tax form and period

covered by the payment

A copy of the return is enclosed for your records.

If upon your review of these forms you have any questions, please do not hesitate to call us at 561-642-6999. We have retained a copy of each form in our files for reference.

MAKE CHANGES TO FORM
WHERE NECESSARY
BEFORE MAILING