2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 09, 2006 08:00 AM DOCUMENT # P03000139968 **Secretary of State** 1. Entity Name RICHARD DELAFIELD INC. Mailing Address Principal Place of Business 5925 FORT KING RD 5925 FORT KING RD ZEPHYRHILLS, FL 33542 ZEPHYRHILLS, FL 33542 01042006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0430571 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent DELAFIELD, RICHARD DO NOT WRITE 5925 FORT KING RD ZEPHYRHILLS, FL 33542 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 familiar with, and accept the obligations of registered agent. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Added to Fees Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE NAME DELAFIELD, RICHARD 5925 FORT KING RD STREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS, FL 33542 TITLE NAME Springer Carrier STREET ADDRESS HATOUR WORLD WIZE TOU, UU CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 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 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

TITLE NAME STREET ADDRESS

ichard DelaField 1-6-06