2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 21, 2007 08:00 AM DOCUMENT # P04000025791 **Secretary of State** DALWORTH, INC. Principal Place of Business Mailing Address 407 RONJI WAY 407 RONJI WAY PENSACOLA, FL 32506 PENSACOLA, FL 32506 US 03082007 No Chq-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0734543 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BROWN, DOUG DO NOT WRITE 407 RONJI WAY PENSACOLA, FL 32506 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstation) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000674719 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 03/29/07-80078-021 150.00 10. OFFICERS AND DIRECTORS PTO TITLE BROWN, DOUG NAME STREET ADDRESS 407 RONJI WAY CITY-ST-ZIP PENSACOLA, FL 32506 TITLE NAME RICARDO, DIANNA A STREET ADDRESS 407 RONJI WAY CITY-ST-ZIP PENSACOLA, FL 32506 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-19-07

850-457-7793

Daytime Phone #

FILED