
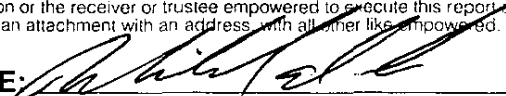


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 07, 2007 8:00 am
Secretary of State

08-07-2007 90028 001 ***150.00

DOCUMENT # P04000094350 1. Entity Name MICHAEL DELEO CORP.																										
Principal Place of Business 9927 MANTOVA DRIVE LAKE WORTH FL 33467		Mailing Address 9927 MANTOVA DRIVE LAKE WORTH FL 33467																								
2. Principal Place of Business, No P.O. Box # 4982 N. Citations Drive	3. Mailing Address 4982 N. Citations Drive																									
Suite, Apt. #, etc. #202	Suite, Apt. #, etc. #202																									
City & State Delray Beach Fla	City & State Delray Beach Fla																									
Zip 33445	Country 	Zip 33445																								
Country 		Country 																								
6. Name and Address of Current Registered Agent DENNIS B. FREEMAN, P.A. 20801 BISCAYNE BOULEVARD SUITE 304 AVENTURA FL 33180																										
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																										
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to Florida Department of State </div> <div style="width: 45%;"> S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/> </div> </div>																										
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
<div style="display: flex;"> <div style="width: 50%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DELEO, MICHAEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>540 JEFFERSON BOULEVARD, SUITE 116</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DEERFIELD BEACH FL 33442</td> <td></td> </tr> </table> </div> <div style="width: 50%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>			TITLE	NAME	<input type="checkbox"/> Delete	NAME	DELEO, MICHAEL		STREET ADDRESS	540 JEFFERSON BOULEVARD, SUITE 116		CITY-ST-ZIP	DEERFIELD BEACH FL 33442		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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:  8/3/07 561-441-2320 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																										

ATTACHMENT

40128500

#P04000094350

MICHAEL DELEO CORP

4982 N. Citation Drive #202

Delray Beach, FL 33445

24/7 Cell # (561) 441-2370

Office (561) 498-5507

Fax (561) 498-5595

To Whom my Concern.

I Michael Deleo from Michael Deleo Corp.
Didnot Recieve my 2007 ANNUAL Report At
my Above Address on Doc# P.04000094350.
for 2007 - your Help will be much appreciated!

Thank's

Michael