
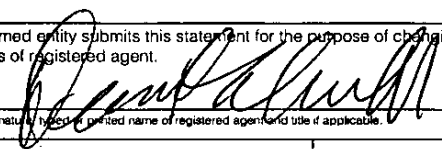
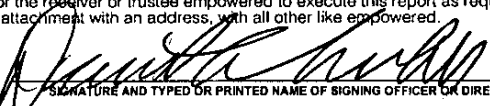


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90095 047 ***150.00

DOCUMENT # P04000133487					
1. Entity Name DELDAL, INC.					
Principal Place of Business 1802 5TH ST. W. BRADENTON, FL 34205			Mailing Address 1802 5TH ST. W. BRADENTON, FL 34205		
2. Principal Place of Business 3263 Colonial Blvd Suite, Apt. #, etc.		3. Mailing Address 3263 Colonial Blvd Suite, Apt. #, etc.			
City & State Fort Myers, FL Zip 33912 Country LEE		City & State Fort Myers, FL Zip 33912 Country LEE		4. FEI Number 20-1690376 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03022006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent LOUCKS, DAVID E 1802 5TH ST. W. BRADENTON, FL 34205			7. Name and Address of New Registered Agent Name: LOUCKS, DAVID E Street Address (P.O. Box Number is Not Acceptable): 3263 Colonial Blvd City: Fort Myers FL Zip Code 33912		
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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: D NAME: LOUCKS, DAVID E STREET ADDRESS: 2623 6TH CT.E. CITY-ST-ZIP: ELLENTON, FL 34222	<input type="checkbox"/> Delete		TITLE: D NAME: LOUCKS, DAVID E STREET ADDRESS: 1027 WYOMI DRIVE CITY-ST-ZIP: FT MYERS, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D NAME: LOUCKS, DORIS A STREET ADDRESS: 2623 6TH CT.E. CITY-ST-ZIP: ELLENTON, FL 34222	<input type="checkbox"/> Delete		TITLE: D NAME: LOUCKS, DORIS A STREET ADDRESS: 1027 WYOMI DRIVE CITY-ST-ZIP: FT MYERS, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: Daytime Phone #:					