2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

12. I hereby certify that the information a

SIGNATURE:

indicated on this report or supplement of the corporation or the received or if changed, or on an attachment with

ldress, with all other like empowered.

DIRECTOR

May 08, 2006 8:00 am Secretary of State DOCUMENT # P04000158993 1. Entity Name 05-08-2006 90309 005 ***150.00 DELCALA PROPERTIES, INC. Principal Place of Business Mailing Address 6068 APOPKA/VINELAND RD. #7 6068 APOPKA/VINELAND RD. #7 ORLANDO FL 32819 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE 98-044663 Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHARP, WILLIAM M SR. Street Address (P.O. Box Number is Not Acceptable) 4890 W. KENNEDY BLVD. SUITE 900 **TAMPA FL 33609** City 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 remstating) Signature, typed or printed name of registered agent and title it applicable DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **STD** ☐ Delete TITLE ☐ Change ☐ Addition SCHALEKAMP, JOHANNES M NAME STREET ADDRESS 6068 APOPKA/VINELAND RD. #7 STREET ADDRESS CUTY-ST-ZIP ORLANDO FL 32819 CITY-ST-7(P TITLE ☐ Defete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1011 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

upplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

aport 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 ee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

FILED