## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000006329

Entity Name: DELIZ KREOL & MORE INC

FILED Apr 28, 2006 Secretary of State

Littly Na	IIIE. DELIZ KR	REOL & WORL INC.			
Current Principal Place of Business:			New Prince	New Principal Place of Business:	
819 US 1 LAKE PARK SHOPPES LAKE PARK, FL 33403				819 US 1 LAKE PARK SHOPPES LAKE PARK, FL 33404	
Current Mailing Address:			New Mailing Address:		
819 US 1 LAKE PARK SHOPPES LAKE PARK, FL 33403			819 US 1 LAKE PARK SHOPPES LAKE PARK, FL 33404		
FEI Number	: 41-2164415	FEI Number Applied For ( )	FEI Number Not App	licable ( ) Certificate of Status Desired ( )	
Name and	d Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
The above	LM BEACH, FL		purpose of changing	its registered office or registered agent, or both	
SIGNATUI	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financing	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	ANDRE, ELCY 306 N. WARE D	Delete DR. EACH, FL 33409	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ANDRE, BERNA 306 N. WARE D		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) ANDRE, BERNA 52 SALISBURY BROOLINE, MA	RD	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition ANDRE, BERNARD JR. 306 N. WARE DRIVE WEST PALM BEACH, FL 33409	
Title: Name: Address: City-St-Zip:	D ( ) ANDRE, LIONE 13659 VICTOR VAN NUYS, CA	Y BLVD. #407	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: Citv-St-Zip:	D () ANDRE, FABRI 3941 NW 207 I OPA LOCKA, F	OR .	Title: Name: Address: Citv-St-Zip:	D (X) Change ( ) Addition ANDRE, FABRICE M 306 N. WARE DRIVE WEST PALM BEACH, FL 33409	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELCY ANDRE P 04/28/2006