2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000025850

Entity Name: DEL MAR PACIFIC SEASONS, INC.

FILED Jan 16, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1008 PARK AVE 1008 PARK AVENUE ORANGE PARK, FL 32073 ORANGE PARK, FL 32073 US **Current Mailing Address: New Mailing Address:** 1008 PARK AVE 1008 PARK AVENUE ORANGE PARK, FL 32073 ORANGE PARK, FL 32073 US FEI Number: 20-2394383 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: INTREPID REGISTERED AGENTS SERVICES, LLC INTREPID REGISTERED AGENT SERVICES, LLC ONE INDEPENDENT DRIVE ONE INDEPENDENT DRIVE STE 1200 JACKSONVILLE, FL 32202 SUITE 1200 JACKSONVILLE, FL 32202 US 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. SIGNATURE: GWEN HUTCHESON GRIGGS, EVP 01/16/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change (X) Addition MCAFEE, ROBERT S Name: Name: 1008 PARK AVENUE Address: Address: ORANGE PARK, FL 32073 US City-St-Zip: City-St-Zip: Title: Title: **VPSD** () Change (X) Addition () Delete MCAFEE, ANN C Name: Name: 1008 PARK AVENUE Address Address: ORANGE PARK, FL 32073 US City-St-Zip: City-St-Zip: Title: Title: () Delete **VPD** () Change (X) Addition MCAFEE, MATTHEW S Name: Name: 1008 PARK AVENUE Address Address: City-St-Zip: City-St-Zip: ORANGE PARK, FL 32073 US Title: () Delete Title: VPD () Change (X) Addition MCAFEE, MICHAEL A Name: Name: Address: Address: 1008 PARK AVENUE City-St-Zip: City-St-Zip: ORANGE PARK, FL 32073 US Title: Title: () Change (X) Addition () Delete MILLER, CATHERINE Name: Name: Address: Address: 1008 PARK AVENUE ORANGE PARK, FL 32073 US City-St-Zip: City-St-Zip:

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: ROBERT S. MCAFEE PTD 01/16/2006