


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90145 013 ***150.00

DOCUMENT # P05000036046	
1. Entity Name DELLA BRENNIS, INC.	

Principal Place of Business 679 NORTH ORLANDO AVENUE MAITLAND FL 32751	Mailing Address 60 ERIKA LOOP STATEN ISLAND NY 10312
--	--

2. Principal Place of Business - No P.O. Box # 679 North Orlando Ave	3. Mailing Address 60 ERIKA LOOP
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Maitland Florida	City & State STATEN ISLAND, NY
Zip 32751	Zip 10312
Country	Country Richmond



1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent BRENNAN, CYNTHIA 60 ERIKA LOOP STATEN ISLAND, NY FL 10312	
---	--

4. FEI Number 20-2544284	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing.) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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 NAME STREET ADDRESS CITY - ST - ZIP	D MONCIA, MICHAEL DELLA 567 MONMOUTH PLACE LONG BRANCH NJ 07740 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Michael Dellanora <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 41 Roswell Ave. Staten Island, NY 10314
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BRENNAN, CYNTHIA 60 ERIKA LOOP STATEN ISLAND NY 10312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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
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
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
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
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 Section 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: Cynthia Brennan **3/8/07** **917-939-9575**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #