## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000057397

City-St-Zip:

LIGHTHOUSE POINT, FL 33064

FILED Jan 31, 2006 Secretary of State

Entity Name: DELRAY SWAP SHOP, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3650 NORTH FEDERAL HIGHWAY SUITE 214 LIGHTHOUSE POINT, FL 33064					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
3650 NORTH FEDERAL HIGHWAY SUITE 214 LIGHTHOUSE POINT, FL 33064					
FEI Number:	20-2713263	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US			SUITE 214	3650 NORTH FEDERAL HIGHWAY	
	named entity s of Florida.	submits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: TERRY TUBYFILL				01/31/2006	
	Electron	ic Signature of Registered Age	nt	Date	
Election Car	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	TURBYFILL, TE 3650 NORTH FE	Delete RRY EDERAL HIGHWAY #214 OINT, FL 33064	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TURBYFILL, JO 3650 NORTH FE	Delete DI EDERAL HIGHWAY #214 OINT, FL 33064	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	TURBYFILL, TH	Delete OMAS EDERAL HIGHWAY #214	Title: Name: Address:	( ) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: TERRY TURBYFILL **PSD** 01/31/2006