

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000105507

FILED
Sep 16, 2008
Secretary of State

Entity Name: DELORETO INTERIORS, INC.

Current Principal Place of Business:

6869 STAPOINT CT
SUITE 103
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

6869 STAPOINT CT
SUITE 103
WINTER PARK, FL 32792

New Mailing Address:

FEI Number: 20-3207377

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORDHAM, SCOTT B
1241 S MCDUFF AVE
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: O () Delete
Name: DELORETO, ALFRED P
Address: 6869 STAPOINT CT SUITE 103
City-St-Zip: WINTER PARK, FL 32792

Title: O () Delete
Name: DELORETO, THOMAS
Address: 6869 STAPOINT CT SUITE 103
City-St-Zip: WINTER PARK, FL 32792

Title: O () Delete
Name: DELORETO, GABRIEL
Address: 6869 STAPOINT CT SUITE 103
City-St-Zip: WINTER PARK, FL 32792

Title: O (X) Delete
Name: DELORETO, JOSEPH
Address: 6869 STAPOINT CT SUITE 103
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: DELORETO, ALFRED P
Address: 6869 STAPOINT CT SUITE 103
City-St-Zip: WINTER PARK, FL 32792

Title: V.P. (X) Change () Addition
Name: DELORETO, THOMAS
Address: 6869 STAPOINT CT SUITE 103
City-St-Zip: WINTER PARK, FL 32792

Title: V.P. (X) Change () Addition
Name: DELORETO, GABRIEL
Address: 6869 STAPOINT CT SUITE 103
City-St-Zip: WINTER PARK, FL 32792

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: GABRIEL DELORETO

V.P.

09/16/2008

Electronic Signature of Signing Officer or Director

Date