

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000096671 1. Entity Name DALIAN INC.	
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Principal Place of Business 1527 STAFFORD AVE. MERRITT ISLAND, FL 32952 US	Mailing Address 821 SHADOW RIDGE ROAD FRANKLIN LAKES, NJ 07417 US
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02042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5260220	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MAIORINO, ANTHONY J JR 1527 STAFFORD AVE MERRITT ISLAND, FL 32952

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	UN00000925217 02/20/08-80110-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAIORINO, ANTHONY J SR 821 SHADOW RIDGE ROAD FRANKLIN LAKES, NJ 07417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAIORINO, ELIZABETH 821 SHADOW RIDGE ROAD FRANKLIN LAKES, NJ 07417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAIORINO, DANIELLE 147 PATTON WAY ELKTON, MD 21921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAIORINO, ANTHONY J JR 1527 STAFFORD AVE MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **2/07/08 201-485-7147**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #