

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000113744

FILED
Jul 16, 2007
Secretary of State**Entity Name:** DEL AMERICAN REALTY GROUP, INC.**Current Principal Place of Business:**474 S. NORTHLAKE BOULEVARD
SUITE 1020
ALTAMONTE SPRINGS, FL 32701**New Principal Place of Business:****Current Mailing Address:**474 S. NORTHLAKE BOULEVARD
SUITE 1020
ALTAMONTE SPRINGS, FL 32701**New Mailing Address:****FEI Number:** 20-5560529**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DELGUIDICE, CHRISTOPHER
474 S. NORTHLAKE BOULEVARD
SUITE 1020
ALTAMONTE SPRINGS, FL 32701 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**OFFICERS AND DIRECTORS:**

Title: P/D () Delete
Name: DELGUIDICE, CHRISTOPHER
Address: 474 S. NORTHLAKE BOULEVARD SUITE 1020
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VP () Delete
Name: HERBACH, RICHARD M
Address: 474 S. NORTHLAKE BOULEVARD SUITE 1020
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VP () Delete
Name: HAMILTON, SCOT
Address: 474 S. NORTHLAKE BOULEVARD SUITE 1020
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: VP () Change (X) Addition
Name: DELGUIDICE, ANTHONY
Address: 474 S. NORTHLAKE BOULEVARD SUITE 1020
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VP () Change (X) Addition
Name: DELGUIDICE, FRANCESCA
Address: 474 S. NORTHLAKE BOULEVARD SUITE 1020
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: RICHARD HERBACH

VP

07/16/2007

Electronic Signature of Signing Officer or Director_____
Date