

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jan 18, 2007 8:00 am
Secretary of State**

01-18-2007 90106 003 ***150.00

DOCUMENT # P06000122444

1. Entity Name
DELWAR ENTERPRISES, INC.



Principal Place of Business
580 MASON AVENUE
DAYTONA BEACH, FL 32117

Mailing Address
580 MASON AVENUE
DAYTONA BEACH, FL 32117

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-5601809.

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DELWAR, WALI
580 MASON AVENUE
DAYTONA BEACH, FL 32117

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME DELWAR, WALI
STREET ADDRESS 580 MASON AVENUE
CITY-ST-ZIP DAYTONA BEACH, FL 32117

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE VP
NAME DELWAR, WALI
STREET ADDRESS 580 MASON AVENUE
CITY-ST-ZIP DAYTONA BEACH, FL 32117

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE SECR
NAME DELWAR, WALI
STREET ADDRESS 580 MASON AVENUE
CITY-ST-ZIP DAYTONA BEACH, FL 32117

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE TRES
NAME DELWAR, WALI
STREET ADDRESS 580 MASON AVENUE
CITY-ST-ZIP DAYTONA BEACH, FL 32117

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

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: *Wali Delwar*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/10/07 Daytime Phone #

60002624

