## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000001018

MCNAUGHT, MARY JANE

YARDLEY, PA 19067

107 FLORAL VALE BOULEVARD

Name:

Address: City-St-Zip:

FILED Apr 30, 2009 Secretary of State

Entity Name: DELUCA REALTY, INC. **Current Principal Place of Business: New Principal Place of Business:** 400 INTERNATIONAL PARKWAY SUITE 400 LAKE MARY, FL 32746 **New Mailing Address: Current Mailing Address:** 400 INTERNATIONAL PARKWAY SUITE 400 LAKE MARY, FL 32746 FEI Number: 23-1892084 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: **B&C CORPORATE SERVICES OF CENTRAL FLORIDA** ROSEN, ROBERT T 390 NORTH ORANGE AVENUE 400 INTÉRNATIONAL PARKWAY **SUITE 1400** SUITE 400 LAKE MARY, FL 32746 US ORLANDO, FL 32801 US 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: ROBERT T. ROSEN 04/30/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition ROSEN, ROBERT T Name: Name: 400 INTERNATIONAL PARKWAY, SUITE 400 Address: Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: Title: Title: () Delete () Change () Addition Name: DELUCA, JOSEPH A Name: 107 FLORAL VALE BOULEVARD Address: Address: YARDLEY, PA 19067 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT T. ROSEN 04/30/2009 D