

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90345 030 \*\*\*158.75

40049645



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0422808	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired  \$8.75 Additional Fee Required

DOCUMENT # P93000017621  
 1. Entity Name  
 DALFEN ENTERPRISES, INC.



Principal Place of Business 4444 STE CATHERINE WEST #100 WESTMOUNT, QUEBEC H3Z 1R2 CANADA, XX	Mailing Address 4444 STE CATHERINE WEST #100 WESTMOUNT QUEBEC CANADA, H3Z- R2
--	---

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
 COBB, THOMAS C.  
 825 BRICKELL BAY DRIVE  
 SUITE 1648  
 MIAMI, FL 33131

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTSD DALFEN, MURRAY 4444 STE CATHERINE WEST #100 WESTMOUNT QUEBEC CANADA,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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: Murray Dalfen MURRAY DALFEN PRESIDENT 03/12/06 (514) 932-1050  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #