2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2007 08:00 A Secretary of State **DOCUMENT # P93000041099** DAL OF SARASOTA, INC. Principal Place of Business Mailing Address 134 SHADY PKWY. 134 SHADY PKWY. SARASOTA, FL 34232 SARASOTA, FL 34232 No Chg-P CR2E034 (11/05) 04122007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0415180 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEE, DEBORAH A DO NOT WRITE 134 SHADY PKWY SARASOTA, FL 34232 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE U00000733922 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. 05/09/07-80102-024 150.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE LEE, DEBORAH A NAME STREET ADDRESS 134 SHADY PKWY CITY-ST-ZIP SARASOTA, FL 34232 TITLE STREET ADDRESS CfTY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED