

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90176 016 ***150.00

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04282005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3189910	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DOCUMENT # P93000060762

1. Entity Name
DALMARI, INC.



Principal Place of Business 3724 FAWN GROVE CT LAND'O' LAKES, FL 34639	Mailing Address 3724 FAWN GROVE CT LAND O LAKES, FL 34639 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PHILLIPS, DALE E
 3724 FAWN GROVE CT
 LAND O' LAKES, FL 34639

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, 2005 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	DVPT PHILLIPS, DALE E 3724 FAWN GROVE CT LAND O' LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP PHILLIPS, MARILYN R 3724 FAWN GROVE CT LAND O' LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 exemption stated in Section 119.07(3)(i), 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: Dale Smith Date: 4/28/05 Daytime Phone #: 813-996-3644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR