

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P95000006679</b> 1. Entity Name <b>DALCO PROPERTIES, INC.</b>					
Principal Place of Business <b>11700 NW 6TH ST. PLANTATION, FL 33325</b>				Mailing Address <b>P.O. BOX 489 FT. LAUDERDALE, FL 33302</b>	
2. Principal Place of Business <b>2200 NW Corporate Blvd.</b> Suite, Apt. #, etc. <b>Suite 401</b> City & State <b>Boca Raton, FL</b> Zip <b>33431</b>		3. Mailing Address <b>2200 NW Corporate Blvd.</b> Suite, Apt. #, etc. <b>Suite 401</b> City & State <b>Boca Raton, FL</b> Zip <b>33431</b>			
07262005      Chg-P      CR2E034 (10/03)		4. FEI Number <b>65-0554507</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>STUART M. SLUTSKY, P.A. 2500 WESTON ROAD, SUITE 404 WESTON, FL 33331</b>	
7. Name and Address of New Registered Agent Name <b>HCRM CORP.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2200 NW Corporate Blvd.</b> Suite 401 City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33431</b>				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: <b>9-29-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>	
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>CHPD DUPREY, LAWRENCE A P.O. BOX 489 FT. LAUDERDALE, FL 33302</b> <input type="checkbox"/> Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>C/P/D Duprey, Lawrence A. 2200 NW Corporate Blvd., Suite 401 Boca Raton, FL 33431</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D BALDINI, SYLVIA E P.O. BOX 489 FT. LAUDERDALE, FL 33302</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>V/T/D Baldini, Sylvia E. 2200 NW Corporate Blvd., Suite 401 Boca Raton, FL 33431</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>SVPD NETTO, CHERYL P.O. BOX 489 FT. LAUDERDALE, FL 33302</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>S Gröss, Andrew M. 2200 NW Corporate Blvd., Suite 401 Boca Raton, FL 33431</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>V Netto, Cheryl 2200 NW Corporate Blvd., Suite 401 Boca Raton, FL 33431</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>800060302000 10/06/05--01050--008      **\$61.25</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE: Lawrence A. Duprey</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <b>10/3/05</b> 561-997-9223 <small>Daytime Phone #</small>					

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