2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 20, 2006 08:00 AN Secretary of State DOCUMENT # P95000036597 1. Entity Name DLR AND ASSOCIATES, INC. Principal Place of Business Mailing Address 1032 EDMISTON PLACE 1032 EDMISTON PLACE LONGWOOD, FL 32779 LONGWOOD, FL 32779 US 03262006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 59-3315157 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent RINKER, DAVID L DO NOT WRITE 1032 EDMISTON PLACE LONGWOOD, FL 32779 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) <u>. nooooozsoata</u> ns/ñ2/06-80115-008 150.0D 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME RINKER, DAVID L STREET ADDRESS 1032 EDMISTON PLACE CITY-ST-ZIP LONGWOOD, FL 32779 TITLE MAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS DO NOT WRITE CITY+ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

111-2006

401-8830-004

Daytime Phone #

FILED