2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 02, 2007
Secretary of State

DOCUMENT# P95000042566

Entity Name: DEL PRODUCTIONS, INC.

Current Principal Place of Business:

800 S OSPREY AVE.
BLDG. A
SARASOTA, FL 34236 US

New Principal Place of Business:

Current Mailing Address:

800 S. OSPREY AVE.
BLDG. A
SARASOTA, FL 34236 US

New Mailing Address:

FEI Number: 65-0587064 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUPLEE, T R
800 S OSPREY AVE.
BLDG. A
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: DELGADO, CARLOS
Address: 800 S. OSPREY AVE BLDG A
City-St-Zip: SARASOTA, FL

Title: V (X) Delete
Name: DELGADO, CARLOS A
Address: 800 S. OSPREY AVE BLDG A
City-St-Zip: SARASOTA, FL

Title: V (X) Delete
Name: DELGADO, YASSER O
Address: 800 S. OSPREY AVE BLDG A
City-St-Zip: SARASOTA, FL

Title: T (X) Delete
Name: HERNANDEZ, CARMEN D
Address: 800 S. OSPREY AVE BLDG A
City-St-Zip: SARASOTA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition
Name: DELGADO, CARLOS
Address: 800 S. OSPREY AVE BLDG A
City-St-Zip: SARASOTA, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH E ROCKLEIN, III CPA 08/02/2007

Electronic Signature of Signing Officer or Director Date