
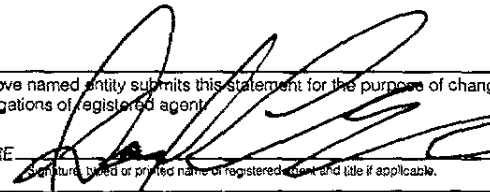
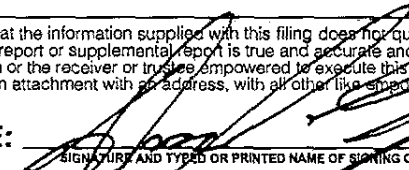


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000055205		
1. Entity Name D.L.C., INC.		
Principal Place of Business 9519 EAST M.L.K. BLVD. TAMPA, FL 33610 US	Mailing Address 9519 EAST M.L.K. BLVD. TAMPA, FL 33610 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CHAPMAN, DAVID L 9519 E. MARTIN LUTHER KING BLVD TAMPA, FL 33610		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  (NOTE: Registered Agent signature required when reappointing) Signature used or printed name of registered agent and title if applicable.		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRANGER, DAVID M 9519 E. MARTIN LUTHER KING BLVD. TAMPA, FL 33610	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHAPMAN, DAVID L 9519 MARTIN LUTHER KING BLVD. TAMPA, FL 33610	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 specifications.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		813-740-8066 4-19-06 813-732-1564 Date Daytime Phone #



02242006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3386164	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U000000526624
05/04/06-80079-019 150.00

**DO NOT WRITE
IN THIS SPACE**