DF150 Before Mich 151

2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE NO TYPED BE MULTINAME SIGNING OFFICER OR DIRECTOR

Secretary of State DOCUMENT # P96000078114 03-15-2007 90028 019 ***150.00 DELLA SALA & MCNEELY ENTERPRISES, INC. Principal Place of Business Mailing Address 700 RUTGERS PL 700 RUTGERS PL SUN CITY CENTER, FL 33573 SUN CITY CENTER, FL 33573 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112007 Chq-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3405394 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DELLA SALA, ANTHONY Street Address (P.O. Box Number is Not Acceptable) 700 RUTGERS PLACE SUN CITY CENTER, FL 33573 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Channe Addition NAME NAME DELLA SALA, ANTHONY 700 RUTGER PLACE STREET ADDRESS STREET ADDRESS SUN CITY CENTER, FL 33573 CITY-ST-ZIP CITY-ST-ZIP VP. ☐ Delete ☐ Change Addition DELLA SALA, JUDITH K NAME NAME STREET ADDRESS 700 RUTGER PLACE STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER, FL 33573 CITY-ST-ZIP 🛣 Delete TITLE Change ☐ Addition MCNEELY, BOBBIE SUE STREET ADDRESS **505 RICKENBACKER DRIVE** STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER, FL 33573 CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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 logal effect as if made under eath; 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

FILED Mar 15, 2007 8:00 am

Date

Daytime Phone #