
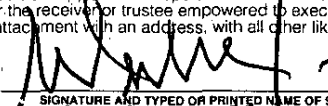


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000005104 1. Entity Name DELAWARE AVENUE CORPORATION						FILED 04 MAY 27 AM 9:08 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 4600 W. CYPRESS ST, SUITE 465 TAMPA, FL 33607				Mailing Address 4600 W. CYPRESS ST, SUITE 465 TAMPA, FL 33607			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent WALLER, EDWARD A JR 4600 W. CYPRESS ST, SUITE 465 TAMPA, FL 33607				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				Applied For <input checked="" type="checkbox"/> Not Applicable			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP D WALLER, EDWARD A JR 4600 W. CYPRESS ST. STE 465 TAMPA, FL 33607 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP 800038424268 06/29/04--01059--001 **\$1.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP D BEAN, CINDY 210 NOTTINGHAM DRIVE NAPLES, FL 34109 <input checked="" type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP D WILLIAM-WESNER, ROBERT 1484 OSPREY AVENUE NAPLES, FL 34102 <input checked="" type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <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			
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			
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.							
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Edward A. Waller, Jr., Director				Date: 5/16/04 Daytime Phone #: 8134953709			