2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004
Secretary of State

DOCUMENT# P97000049845

Entity Name: DELRAIN, INC.

Current Principal Place of Business:

1779 S PATRICK DR
INDIAN HARBOR BEACH, FL 32937 US

New Principal Place of Business:

Current Mailing Address:

1779 S PATRICK DR
INDIAN HARBOR BEACH, FL 32937 US

New Mailing Address:

FEI Number: 59-3452427 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAFIERO, DOLORES
1779 S PATRICK DR
INDIAN HARBOUR BEACH, FL 32937 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CAFIERO, DOLORES
Address: 255 PARADISE BLVD. #45
City-St-Zip: INDIALANTIC, FL 32903

Title: VPS ( ) Delete
Name: SCOMA, LARAINE
Address: 116 LEE ST.
City-St-Zip: INDIALANTIC, FL 32903

Title: V ( ) Delete
Name: SCOMA, LOUIS T
Address: 116 LEE ST
City-St-Zip: INDIALANTIC, FL 32903

Title: CEO ( ) Delete
Name: CAFIERO, LAWRENCE
Address: 255 PARADISE BLVD # 45
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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 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: DOLORES CAFIERO PD 05/07/2004

Electronic Signature of Signing Officer or Director Date