2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 11, 2007 08:00 AM **DOCUMENT # P98000011688** Secretary of State **DALWOLF CORPORATION** Principal Place of Business Mailing Address 387 WINSFORD COURT 387 WINSFORD COURT LAKE MARY, FL 32746 LAKE MARY, FL 32746 CR2E034 (11/05) 01082007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3505456 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WOLFORD, DALLAS L DO NOT WRITE 387 WINSFORD CT HEATHROW, FL 32746 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE U00000582940 Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees 01/11/07-80051-013 150.00 After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS **PST** TITLE WOLFORD, DALLAS L STREET ADDRESS 387 WINSFORD COURT CITY-ST-ZIP LAKE MARY, FL 32746 TITLE NAME STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

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 empowered.

CICHATIDE. DOOR R. 600 Gal Pres de

NAME STREET ADDRESS CITY-ST-ZIP