


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 A
Secretary of State

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| DOCUMENT # P98000029147 1. Entity Name CASA DEL REY, INC. |  |
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| Principal Place of Business 1111 W BEACON STREET LAKELAND, FL 33803 | Mailing Address C/O WOLFSON & ASSOCIATES, PA 2801 N UNIVERSITY DR STE 306 CORAL SPRINGS, FL 33065 |
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03272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-0823145 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent STEWART, HUGH 12717 W SUNRISE BLVD #268 SUNRISE, FL 33323 |
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| DO NOT WRITE IN THIS SPACE |
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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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STEWART, HUGH 12717 W SUNRISE BLVD #268 SUNRISE, FL 33323 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STEWART, ALEXANDER G 12717 W SUNRISE BLVD #268 SUNRISE, FL 33323 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STEWART, ALEXANDER S 177 MAIN ST., SUITE 190 FT. LEE, NJ 07024 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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| <p>U000000697719 04/18/07-80051-014 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/07

Date

410 746 0201

Daytime Phone #