

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000029398

FILED
Sep 11, 2006
Secretary of State**Entity Name:** DEL AMERICAN, INC.**Current Principal Place of Business:**474 S. NORTH LAKE BLVD.
SUITE 1020
ALTAMONTE SPRINGS, FL 32701**New Principal Place of Business:****Current Mailing Address:**474 S. NORTH LAKE BLVD.
SUITE 1020
ALTAMONTE SPRINGS, FL 32701**New Mailing Address:****FEI Number:** 59-3572063**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MURAI WALD BLONDOS & MORENO P.A.
25 SE 2 AVE #900
MIAMI, FL 33131 US**Name and Address of New Registered Agent:**MURAI WALD BIONDO & MORENO P.A.
TWO ALHAMBRA PLAZA
PH 1B
CORAL GABLES, FL, FL 33134 US

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: GERALD BIONDO

09/11/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: DELGUIDICE, CHRISTOPHER
Address: 474 S. NORTH LAKE BLVD. SUITE 1020
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VP () Delete
Name: HAMILTON, SCOT VP
Address: 474 S. NORTH LAKE BLVD. SUITE 1020
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VP (X) Delete
Name: FUDA, JOSEPH VP
Address: 474 S. NORTH LAKE BLVD. SUITE 1020
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VP () Delete
Name: DELLAVALLE, CAROLOINE VP
Address: 474 S. NORTH LAKE BLVD. SUITE 1020
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VP () Delete
Name: HERBACH, RICHARD VP
Address: 474 S. NORTH LAKE BLVD. SUITE 1020
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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:

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 Chapter 119, 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: CHRISTOPHER DELGUIDICE

P

09/11/2006

Electronic Signature of Signing Officer or Director

Date