2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000029398

Entity Name: DEL AMERICAN, INC.

Title:

Name:

Address:

City-St-Zip:

VΡ

() Delete

ALTAMONTE SPRINGS, FL 32701

474 S. NORTH LAKE BLVD. SUITE 1020

HERBACH, RICHARD VP

FILED Apr 23, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 474 S. NORTH LAKE BLVD. **SUITE 1020** ALTAMONTE SPRINGS, FL 32701 **New Mailing Address: Current Mailing Address:** 474 S. NORTH LAKE BLVD. **SUITE 1020** ALTAMONTE SPRINGS, FL 32701 FEI Number: 59-3572063 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition DELGUIDICE, CHRISTOPHER Name: Name: 474 S. NORTH LAKE BLVD. SUITE 1020 Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: HAMILTON, SCOT VP Name: 474 S. NORTH LAKE BLVD. SUITE 1020 Address: Address: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition DELLAVALLE, CAROLOINE VP Name: Name: 474 S. NORTH LAKE BLVD. SUITE 1020 Address: Address: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: RICHARD HERBACH VP 04/23/2007

() Change () Addition