2006 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P99000055054 DALÝ PROPERTIES, INC.

Principal Place of Business

Mailing Address

1415 U.S. HIGHWAY 19 HOLIDAY, FL 34691

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FILED Apr 03, 2006 8:00 am Secretary of State

04-03-2006 90356 012 ***150.00

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No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3582730

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

DALY, MICHAEL R

1415 U.S. HIGHWAY 19 HOLIDAY, FL 34691			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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS City-St-21P	PSD DALY, MICHAEL R 5022 VALENCIA LANE EAST PALM HARBOR, FL 34684				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME 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.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

D NAME OF SIGNING OFFICER OR DIRECTOR