2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000061541

Entity Name: D.L.C. REALTY, INC.

FILED Mar 18, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1149 S.E. PT. ST. LUCIE BLVD. PT. ST. LUCIE, FL 34952

Current Mailing Address: New Mailing Address:

1149 S.E. PT. ST. LUCIE BLVD. PT. ST. LUCIE, FL 34952

FEI Number: 65-0934068 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:

O'NEIL, EDWARD J GIOVI, ADELIN

2425 SÉ DRAYTON RD 1149 ŚE PORT ST. LUCIE BLVD. PORT SAINT LUCIE, FL 34952 US PORT SAINT LUCIE, FL 34952 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: ADELIN GIOVI 03/18/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MGRD () Delete Title: MGRD (X) Change () Addition

 Name:
 COPPOCK, DAVID L
 Name:
 GIOVI, ADELIN

 Address:
 2943 BELLA RD
 Address:
 1726 SW JANETTE AVENUE

City-St-Zip: PT. ST. LUCIE, FL 34982 Address. 7720 SW JANUTTE AVENUE.

City-St-Zip: PT. ST. LUCIE, FL 34982 City-St-Zip: PT. ST. LUCIE, FL 34953

Title: S () Delete Title: S (X) Change () Addition

 Name:
 HUGHES, THERESA
 Name:
 HUGHES, FERDINAND

 Address:
 1490 MERCHANT LANE
 Address:
 1490 MERCHANT LANE

 City-St-Zip:
 PT. ST. LUCIE, FL 34953
 City-St-Zip:
 PT. ST. LUCIE, FL 34953

Name: KRUEGER, ARNO Name: GIOVI, ADELIN

Address: 1149 SE PORT ST LUCIE BLVD Address: 1149 SE PORT ST. LUCIE BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34952 City-St-Zip: PORT SAINT LUCIE, FL 34952

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ADELIN GIOVI P 03/18/2004