

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000066894

FILED
Jan 24, 2007
Secretary of State

Entity Name: DEPALMA ENTERPRISES, INC.

Current Principal Place of Business:

2117 N.E. 17TH TERR.
WILTON MANORS, FL 33305

New Principal Place of Business:

Current Mailing Address:

2117 N.E. 17TH TERR.
WILTON MANORS, FL 33305

New Mailing Address:

FEI Number: 65-0941905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEPALMA, M.E.
2117 N.E. 17TH TERR.
WILTON MANORS, FL 33305 US

Name and Address of New Registered Agent:

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:

Title: CPDS () Delete
Name: DEPALMA, M.E.
Address: 2117 N.E. 17TH TERR.
City-St-Zip: WILTON MANORS, FL 33305

Title: TD () Delete
Name: FORD, JEROLD R
Address: 2117 NE 17TH TERRACE
City-St-Zip: WILTON MANORS, FL 33305

Title: D () Delete
Name: DEPALMA, PAMELA L
Address: 219 E. 66TH STREET - SUITE 6D
City-St-Zip: NEW YORK, NY 10021 US

Title: D () Delete
Name: PAUL, DEPALMA P
Address: 3025 YORKTOWN CIRCLE
City-St-Zip: FORT WALTON BEACH, FL 32547 US

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:

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: M.E. DEPALMA

CPDS

01/24/2007

Electronic Signature of Signing Officer or Director

Date