2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 AM
Secretary of State

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1. Entity Name

DLF INTERNATIONAL, INC.



US

Principal Place of Business

5820 1ST STREET S.W. VERO BEACH, FL 32968 US Mailing Address

5820 1ST STREET S.W. VERO BEACH, FL 32968



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Melanie

04302007	No City-F	CR22054 (1	170	J
4. FEI Number				Applied For
59-30745	310			Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Davime Phone 8

HENDERSON, STEVE L 817 BEACHLAND BLVD VERO BEACH, FL 32963

DO NOT WRITE IN THIS SPACE

			<u> </u>				
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							
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRE	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FEEK, DOUGLAS L 460 44TH TERRACE SW VERO BEACH, FL 32968				Hannager and A		
NAME STREET ADDRESS CITY-ST-ZIP	DST FEEK, MELANIE B 160 44TH TERRANCE SW VERO BEACH, FL 32968				000000753047 05/22/07-80006-001 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEEK, WILLIAM 1483 COUNTY RD 579 DADE CITY, FL			DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	DV HALL, WILLIAM E 3226 ATLANTIC BLVD VERO BCH, FL			IN .	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEAVER, ALISA 4026 CYPRESS LANDING SO WINTER HAVEN, FL						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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.							