

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000003085

1. Entity Name
DELTA TECHNOLOGIES, INC.



Principal Place of Business
852 BLOUNTSTOWN HWY
#A
TALLAHASSEE, FL 12590 US

Mailing Address
POST OFFICE BOX 2301
TALLAHASSEE, FL 32316-2301 US



03032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3294396 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STIVERS, H.B.
245 E. VIRGINIA ST.
TALLAHASSEE, FL 32301

**DO NOT WRITE
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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME SANDSTROM, KEITH
STREET ADDRESS P.O. BOX 2301
CITY-ST-ZIP TALLAHASSEE, FL 323162301

TITLE D
NAME WADE, ROBERT
STREET ADDRESS PO BOX 2301
CITY-ST-ZIP TALLAHASSEE, FL 32316

TITLE D
NAME WADE, JOAN
STREET ADDRESS PO BOX 2301
CITY-ST-ZIP TALLAHASSEE, FL 32316

TITLE D
NAME JENKINS, ELLEN
STREET ADDRESS PO BOX 2301
CITY-ST-ZIP TALLAHASSEE, FL 32316

TITLE VP
NAME SANDSTROM, DIANE
STREET ADDRESS P.O. BOX 2301
CITY-ST-ZIP TALLAHASSEE, FL 323162301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

00000459472
10/18/05 80037-025 158.75

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IN THIS SPACE**

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/06

Date Daytime Phone #