


2007 FOR PROFIT CORPORATION ANNUAL REPORT

\$ 158.75
FILED
 Jan 29, 2007 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

DO NOT WRITE IN THIS SPACE



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3294396	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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

U00000607227
 01/31/07-80029-003 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANDSTROM, KEITH P.O. BOX 2301 TALLAHASSEE, FL 323162301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADE, ROBERT PO BOX 2301 TALLAHASSEE, FL 32316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADE, JOAN PO BOX 2301 TALLAHASSEE, FL 32316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, ELLEN PO BOX 2301 TALLAHASSEE, FL 32316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANDSTROM, DIANE P.O. BOX 2301 TALLAHASSEE, FL 323162301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Kevin Sandstrom* 1-19-07 850-575-3977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #