

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000003085

FILED
Apr 17, 2009
Secretary of State

Entity Name: DELTA TECHNOLOGIES, INC.

Current Principal Place of Business:

852 BLOUNTSTOWN HWY
#A
TALLAHASSEE, FL 32304 US

New Principal Place of Business:

3777 HARTSFIELD ROAD
TALLAHASSEE, FL 32303 US

Current Mailing Address:

POST OFFICE BOX 2301
TALLAHASSEE, FL 323162301 US

New Mailing Address:

FEI Number: 59-3294396 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STIVERS, H.B.
245 E. VIRGINIA ST.
TALLAHASSEE, FL 32301 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: P () Delete
Name: SANDSTROM, KEITH
Address: P.O. BOX 2301
City-St-Zip: TALLAHASSEE, FL 323162301

Title: D () Delete
Name: WADE, ROBERT
Address: PO BOX 2301
City-St-Zip: TALLAHASSEE, FL 32316

Title: D () Delete
Name: WADE, JOAN
Address: PO BOX 2301
City-St-Zip: TALLAHASSEE, FL 32316

Title: D () Delete
Name: JENKINS, ELLEN
Address: PO BOX 2301
City-St-Zip: TALLAHASSEE, FL 32316

Title: VP () Delete
Name: SANDSTROM, DIANE
Address: P.O. BOX 2301
City-St-Zip: TALLAHASSEE, FL 323162301

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KEITH SANDSTROM

PRES

04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date