

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000009794

FILED
May 02, 2008
Secretary of State

Entity Name: DELTA WASTE CORP.

Current Principal Place of Business:

18500 NORTH ALLIED WAY
PHOENIX, AZ 85054 US

New Principal Place of Business:

Current Mailing Address:

18500 NORTH ALLIED WAY
PHOENIX, AZ 85054 US

New Mailing Address:

FEI Number: 65-0919421 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PRES (X) Delete
Name: MCNULTY, PATRICK PRES
Address: 18500 NORTH ALLIED WAY
City-St-Zip: PHOENIX, AZ 85054 US

Title: T/D () Delete
Name: BURNETT, MICHAEL S T/D
Address: 18500 NORTH ALLIED WAY
City-St-Zip: PHOENIX, AZ 85054 US

Title: SEC () Delete
Name: WHITE, JO LYNN SEC
Address: 18500 NORTH ALLIED WAY
City-St-Zip: PHOENIX, AZ 85054 US

Title: ASEC () Delete
Name: BADKE, JOHN T ASEC
Address: 18500 NORTH ALLIED WAY
City-St-Zip: PHOENIX, AZ 85054 US

Title: VP () Delete
Name: PARKER, DALE LEON VP
Address: 18500 NORTH ALLIED WAY
City-St-Zip: PHOENIX, AZ 85054

Title: ASEC (X) Delete
Name: GECICH, CONNIE J ASEC
Address: 18500 NORTH ALLIED WAY
City-St-Zip: PHOENIX, AZ 85054

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: ASEC (X) Change () Addition
Name: GECHICH, CONNIE J ASEC
Address: 18500 NORTH ALLIED WAY
City-St-Zip: PHOENIX, AZ 85054 US

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: CRYSTAL FICKEN

Electronic Signature of Signing Officer or Director

POA

05/02/2008

_____ Date