



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90172 033 ***150.00

DOCUMENT # 209263 1. Entity Name DELTA AIRCRAFT CORPORATION					
Principal Place of Business 712 S OREGON AVE STE 200 TAMPA, FL 33606 US			Mailing Address 712 S OREGON AVE STE 200 TAMPA, FL 33606 US		
2. Principal Place of Business 1414 W SWANN AVE		3. Mailing Address 1414 W SWANN AVE			
Suite, Apt. #, etc. SUITE 100		Suite, Apt. #, etc. SUITE 100			
City & State TAMPA, FL		City & State TAMPA, FL			
Zip 33606	Country USA	Zip 33606	Country USA		
4. FEI Number 59-1288530				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRUSEN, W.A., SR. 712 S OREGON AVE STE 200 TAMPA, FL 33606			7. Name and Address of New Registered Agent Name W. ANDREW KRUSEN, JR Street Address (P.O. Box Number is Not Acceptable) 1414 W SWANN AVENUE SUITE 100 City TAMPA, FL Zip Code 33606		
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 <u><i>W. Andrew Krusen, Jr.</i></u> W. ANDREW KRUSEN, JR. DATE 4/23/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KRUSEN, W. A. JR 712 S OREGON AVE STE 200 TAMPA, FL 33606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KRUSEN, W.A. JR. 1414 W. SWANN AVE, SUITE 100 TAMPA, FL 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC KRUSEN, W. A., SR. 712 S OREGON AVE STE 200 TAMPA, FL 33606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC KRUSEN, W.A., SR. 1414 W. SWANN AVE, SUITE 100 TAMPA, FL 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS JONES, DOUGLAS N 712 S OREGON AVE STE 200 TAMPA, FL 33606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS JONES, DOUGLAS N 1414 W. SWANN AVE, SUITE 100 TAMPA, FL 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>W. A. Krusen, Jr.</i></u> W.A. KRUSEN, JR DATE 4/23/06 DAYTIME PHONE # 813-837-3009 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					