

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90364 002 \*\*\*150.00

<b>DOCUMENT # 470380</b> 1. Entity Name <b>DELTA SALES &amp; SERVICE REPS., INC.</b>			
Principal Place of Business <b>13424 RENA DR W LARGO, FL 33771 US</b>		Mailing Address <b>13424 RENA DR W LARGO, FL 33771 US</b>	
2. Principal Place of Business - No P.O. Box # <b>7161 Channelside Ln</b>		3. Mailing Address <b>7161 Channelside Ln</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Pinellas Park, FL</b>		City & State <b>Pinellas Park, FL</b>	
Zip <b>33781</b>		Zip <b>33781</b>	
Country <b>Pinellas</b>		Country <b>Pinellas</b>	
4. FEI Number <b>59-1575060</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CONNELL, LEO F 7161 CHANNELSIDE LN. PINELLAS PARK, FL 33781</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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>Leo F. Connell</i></u> <span style="float: right;">4/23/08</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CONNELL, LEO F 7161 CHANNELSIDE LN. PINELLAS PARK, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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>Leo F. Connell</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>5/19/08</u> Daytime Phone #: <u>727-535-3431</u>	

**LEO F. CONNELL**