

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 649572

**FILED**  
**May 29, 2007**  
**Secretary of State**

**Entity Name:** DELTA CONTROL ENGINEERING, INC.

**Current Principal Place of Business:**

2642 N E 3RD ST  
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

6741 N.W. 8TH STREET  
MARGATE, FL 33063

**Current Mailing Address:**

P O BOX 1511  
POMPANO BEACH, FL 33061

**New Mailing Address:**

6741 N.W. 8TH STREET  
MARGATE, FL 33063

**FEI Number:** 59-1955907

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FOY, ELLIOTT J JR  
2642 NE 3RD ST  
POMPANO BEACH, FL 33062 US

**Name and Address of New Registered Agent:**

LEMS, MICHAEL L  
6741 N.W. 8TH STREET  
MARGATE, FL 33063 US

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: MICHAEL LEMS

05/29/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FOY, ELLOIT J JR  
Address: 2642 NE 3RD ST  
City-St-Zip: POMPAN0 BEACH, FL 33062

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LEMS, MICHAEL L  
Address: 6741 N.W. 8TH STREET  
City-St-Zip: MARGATE, FL 33063

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: MICHAEL LEMS

P

05/29/2007

Electronic Signature of Signing Officer or Director

Date