2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2006 8:00 am Secretary of State

| DOCUMENT #716221 1. Entity Name DELTA KAPPA HOUSE CORPORATION OF DELTA GAMMA, INC. | | | | 01 | -17-2006 90 |)244 042 ****61 | 1.25 | |
|---|--|---|--|---|--|--|-----------------------------|--|
| 4202 E FOWLA AVE 32 | | Mailing Address 3250 RIVERSIDE DR COLUMBUS, OH 43221 | US | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | <u> </u> | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01052006 Ch | g-NP | CR2E037 (11/05) | | |
| City & State | | City & State | | 4. FEi Number 23-703333 | 3 | No | oplied For ot Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of Sta | | See Require | | |
| | 6. Name and Address of Current | t Registered Agent | N | 7. Name and Add | ress of New Reg | istered Agent | | |
| CAPITANO, PATTY 4436 SUMMER OAK DR TAMPA, FL 33629 | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | City | | | FL Zip Cod | 6 | |
| | named entity submits this statement fions of registered agent. | or the purpose of changing its r | egistered office or regi | istered agent, or both, in | the State of Florio | da. I am familiar with, | and accept | |
| SIGNATURE . | | | | | | | | |
| | Signature, typed or printed name of registered agen | nt and title if applicable. (NOTE: | Registered Agent signature req | quired when reinstating) | | DATÉ | | |
| | Signature, typed or printed name of registered agentifications from the signature of the signature of the signature of the signature. Signature of the signatur | t and title if applicable. (NOTE: 9. Election Cam Trust Fund Co | paign Financing | \$5.00 May Be Added to Fees | | DATE ke check payable t a Department of S | | |
| 10. | Filing Fee is \$61.25 | 9. Election Cam Trust Fund Co | paign Financing | \$5.00 May Be | Florid | ke check payable t a Department of S | tate | |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Cam Trust Fund Co | paign Financing ontribution. | \$5.00 May Be Added to Fees ADDITIONS/CHANGE LC-President/D Hy Capitano 36 Summer O | Florid ES TO OFFICERS MECHO WE DI WAL DI | ke check payable to a Department of Signature of Signatur | tate | |
| TITLE NAME STREET ADDRESS | Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND D PD CAPITANO, PATTY 4436 SUMMER OAK DR | 9. Election Cam Trust Fund Co | paign Financing ontribution. 11. IITLE NAME STREET ADDRESS CITY-ST-ZIP TO TITLE NAME STREET ADDRESS CITY-ST-ZIP TO TO TITLE NAME STREET ADDRESS CITY-ST-ZIP TO | \$5.00 May Be Added to Fees ADDITIONS/CHANGE L. President/D Hy Capitano Bu Summer O Lmpa, FL 33id Casurer Director Abella Grohm 132 Chestersal 2maa, FL 33b | Florid ESTO OFFICERS ARCHO AR Dr 24 Ann Woold 1 Dr 24 | ke check payable to a Department of S S AND DIRECTORS IN Change Change | tate I 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND D PD CAPITANO, PATTY 4436 SUMMER OAK DR TAMPA, FL 33624 TD VONTHRON, ANN 4504 WOODMERE RD | 9. Election Cam Trust Fund Co | paign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP | \$5.00 May Be Added to Fees ADDITIONS/CHANGE Let President D Hy Capitano But Summer of Longa, FL 33in Casurer Director Babella Grohme B | Florid ESTO OFFICERS ITCOM AL Dr 24 Lunn Woold I Dr 24 Pattersor USh Dr 18 | ke check payable to a Department of S S AND DIRECTORS IN Change Change | i 10 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Filing Fee Is \$61.25 Due by May 1, 2006 OFFICERS AND D PD CAPITANO, PATTY 4436 SUMMER OAK DR TAMPA, FL 33624 TD VONTHRON, ANN 4504 WOODMERE RD TAMPA, FL 33609 VD HARKEY, DENISE 1055 SYLVIA LANE | 9. Election Cam Trust Fund Co | paign Financing ontribution. 11. TITLE PARTICLE PARTICL | \$5.00 May Be Added to Fees ADDITIONS/CHANGE LC- President/D Hy Capitano Bu Summer of Lmpa, FL 33in Teasurer Director Abella Gronne 30 Chestersal ampa, FL 33in ecretary Direct bonica Walker 827 Morden Bi 152 FL 3355 Testolent Director 100 Marker 1012 FL 3355 | Florid ESTO OFFICERS ITCLED AL Dr 124 Lunn Woold 1 Dr 24 Pattersor 18 Rd | ke check payable to a Department of S S AND DIRECTORS IN Change Change Change | Addition Addition | |

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 617, 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.

| GNATURE: | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Date | Daytime Phone #

SIGNATURE: