

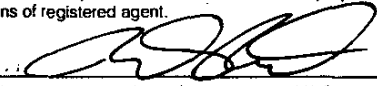
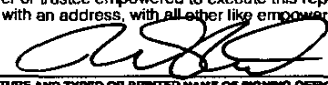


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90505 024 ****61.25

DOCUMENT # 732151 1. Entity Name ZETA OMICRON CHAPTER HOUSE CORPORATION OF DELTA TAU DELTA, INC.					
Principal Place of Business 4503 LOUSTER CT ORLANDO, FL 32817-8450 US			Mailing Address PO BOX 781307 ORLANDO, FL 32878-1307 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04282005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-4612006 59-2404489	
City & State		City & State		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TIDWELL, WAYNE 13924 VALLEYBROOKE LANE ORLANDO, FL 32826				7. Name and Address of New Registered Agent Name RAJIV D. PATEL Street Address (P.O. Box Number is Not Acceptable) 13924 VALLEYBROOKE LN City ORLANDO FL Zip Code 32826	
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retesting)</small>				DATE 4-28-05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUDDLESTON, TOM PO BOX 781307 ORLANDO, FL 328781307	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO BOX 160160 ORLANDO 32816	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COSMIDES, JAMES PO BOX 781307 ORLANDO, FL 328781307	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 S ORANGE AVE MC 2700 ORLANDO 32801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TIDWELL, WAYNE P.O. BOX 781307 ORLANDO, FL 328781307	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TD RAJIV D. PATEL 13924 VALLEYBROOKE LN ORLANDO 32826-2642	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUNTER, TED PO BOX 781307 ORLANDO, FL 328781307	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8427 S PARK CIR SUITE 500 ORLANDO 32819	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLS, JACK B PO BOX 781307 ORLANDO, FL 328781307	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 801 MAGNOLIA AVE SUITE 414 ORLANDO 32803	
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 exemption stated in Section 119.07(3)(i), 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.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 4-28-05 Daytime Phone # 321-867-7016	