

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005893

FILED
Apr 08, 2005
Secretary of State

Entity Name: THE DELTA PARADIGM GROUP, INCORPORATED

Current Principal Place of Business:

4400 N. FEDERAL HIGHWAY
SUITE 210-32
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1979
BOCA RATON, FL 33429 US

New Mailing Address:

FEI Number: 23-2861719

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABERNETHY, BRUCE R JR
900 VIRGINIA AVE, SUITE 6
FORT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: ANDES, CHARLES L
Address: 500 ROSE LANE
City-St-Zip: HAVERFORD, PA 19041

Title: VCP () Delete
Name: WICKARD, CHARLES E
Address: 401 N. E. 2ND STREET
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: HORSTMAYER, JACK
Address: 84 N. STAMFORD RD
City-St-Zip: STAMFORD, CT 06903

Title: D () Delete
Name: SANFORD, BETH
Address: 84 N. STAMFORD RD
City-St-Zip: STAMFORD, CT 06903

Title: ST () Delete
Name: WICKARD, JAMES T
Address: 401 N. E. 2ND STREET
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHARLES E. WICKARD

VCP

04/08/2005

Electronic Signature of Signing Officer or Director

Date