2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2006
Secretary of State

DOCUMENT# J69680

Entity Name: DELTA CONNECTION ACADEMY, INC.

Current Principal Place of Business:

2700 FLIGHT LINE AVENUE
SANFORD, FL 32773 US

New Principal Place of Business:

Current Mailing Address:

2700 FLIGHT LINE AVENUE
SANFORD, FL 32773 US

New Mailing Address:

FEI Number: 59-2802660 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEMS INC
1201 HAYS ST
TALLAHASSEE, FL 32301 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: CEO ( ) Delete
Name: GREEN, GARY
Address: 4338 GLENDALE-MILFORD ROAD
City-St-Zip: CINCINNATI, OH 45242

Title: T ( ) Delete
Name: WARWAR, MONA
Address: 1020 DELTA BOULEVARD
City-St-Zip: ATLANTA, GA 30354

Title: P ( ) Delete
Name: BURRELL, SUSAN
Address: 2700 FLIGHT LINE AVENUE
City-St-Zip: SANFORD, FL 32773 US

Title: V (X) Delete
Name: MONTGOMERY, WILLIAM T
Address: 2700 FLIGHT LINE AVE
City-St-Zip: SANFORD, FL 32773

Title: V ( ) Delete
Name: O'BRIEN, JOHN
Address: 2700 FLIGHT LINE AVE
City-St-Zip: SANFORD, FL 32773

Title: S (X) Delete
Name: RAINES, MARY E
Address: 1020 DELTA BOULEVARD
City-St-Zip: ATLANTA, GA 30354

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BECK, GARY
Address: 2700 FLIGHT LINE AVE
City-St-Zip: SANFORD, FL 32773

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

Title: S (X) Change ( ) Addition
Name: SLOAN, NANCI
Address: 1020 DELTA BOULEVARD
City-St-Zip: ATLANTA, GA 30354

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

Title: VP (X) Change ( ) Addition
Name: O'BRIEN, JOHN
Address: 2700 FLIGHT LINE AVE
City-St-Zip: SANFORD, FL 32773

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 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: SCOTT CHISHOLM MR. 07/20/2006
Electronic Signature of Signing Officer or Director Date