2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# K38895

Entity Name: DELTA P CORPORATION

Current Principal Place of Business:

% DUDLEY J. CROSSON
2319 S.E. MARIUS ST.
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

% DUDLEY J. CROSSON
PO BOX 8311
PORT ST. LUCIE, FL 34985

New Mailing Address:

FEI Number: 59-2923039 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CROSSON, DUDLEY J.
2319 S.E. MARIUS ST.
PORT ST. LUCIE, FL 34952 US

Name and Address of New Registered Agent:

CROSSON, DUDLEY J PRES
2319 S.E. MARIUS ST.
PORT ST. LUCIE, FL 34952 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: DUDLEY CROSSON 01/15/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: CROSSON, DUDLEY J.,
Address: 2319 S.E. MARIUS ST.
City-St-Zip: PORT ST. LUCIE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: CROSSON, DUDLEY J
Address: PO BOX 8311
City-St-Zip: PORT ST. LUCIE, FL 34985

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: DUDLEY CROSSON PRES 01/15/2009
Electronic Signature of Signing Officer or Director Date