


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90046 036 ***150.00

DOCUMENT # K56396 1. Entity Name DELTA FOLIAGE, INC.	
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Principal Place of Business 5205 MT PLYMOUTH RD APOPKA FL 32712-5221	Mailing Address 5205 MT PLYMOUTH RD APOPKA FL 32712-5221
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2. Principal Place of Business - No P.O. Box # 5205 Mt. Plymouth Rd Suite, Apt. #, etc.	3. Mailing Address 5205 Mt. Plymouth Rd. Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State APOPKA FL 32712 Zip 32712 Country orange	City & State APOPKA FL 32712 Zip 32712 Country orange
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4. FEI Number 59-2927079	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KIM, JUNG SOOK 5205 MT PLYMOUTH RD APOPKA FL 32703	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	DST KIM, JUNG SOOK 5205 MT PLYMOUTH RD APOPKA FL 32712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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: Jungsook Kim 1/21/07 (407) 886-8506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #