

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000117490

Entity Name: DELTA FINANCIAL CORP.

FILED
Aug 11, 2004
Secretary of State

Current Principal Place of Business:

5100 N. DIXIE HWY
#200
OAKLAND PARK, FL 33334

New Principal Place of Business:

Current Mailing Address:

5100 N. DIXIE HWY
#200
OAKLAND PARK, FL 33334

New Mailing Address:

FEI Number: 65-1065149 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LALONDE, STEPHEN
5100 N DIXIE HWY, SUITE 200
OAKLAND PARK, FL 33334 US

Name and Address of New Registered Agent:

LALONDE, AMY
5100 N DIXIE HWY, SUITE 200
OAKLAND PARK, FL 33334 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: AMY LALONDE

08/11/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: LALONDE, STEPHEN
Address: 5100 N DIXIE HWY, SUITE 200
City-St-Zip: OAKLAND PARK, FL 33334

Title: D () Delete
Name: LALONDE, STEPHEN
Address: 5100 N DIXIE HWY, SUITE 200
City-St-Zip: OAKLAND PARK, FL 33334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: LALONDE, AMY
Address: 5100 N DIXIE HWY, SUITE 200
City-St-Zip: OAKLAND PARK, FL 33334

Title: D (X) Change () Addition
Name: LALONDE, AMY
Address: 5100 N DIXIE HWY, SUITE 200
City-St-Zip: OAKLAND PARK, FL 33334

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: AMY LALONDE

P

08/11/2004

Electronic Signature of Signing Officer or Director

Date