


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000041675		
1. Entity Name DELTA DEVELOPMENT ENTERPRISES, INC.		

FILED
07 MAR 12 AM 10:28
CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 428 MORNIONG GLORY LN N JACKSONVILLE, FL 32259	Mailing Address 539 N MILLS AVE ORLANDO, FL 32803
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2. Principal Place of Business - No P.O. Box # 108 VILLAGE GREEN AVE Suite, Apt. #, etc.	3. Mailing Address 108 VILLAGE GREEN AVE Suite, Apt. #, etc.
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REINSTATEMENT 06-07

4. FEI Number 59-3708910	Applied For <input type="checkbox"/> Not Applicable
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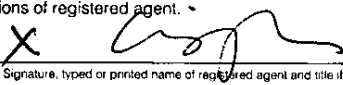
City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL
Zip 32259	Country USA

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 CHEW, CHRISTINE 539 N MILLS AVE ORLANDO, FL 32803	
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7. Name and Address of New Registered Agent Name PAN, WINNY Street Address (P.O. Box Number is Not Acceptable) 108 VILLAGE GREEN AVE City JACKSONVILLE FL Zip Code 32259	
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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.

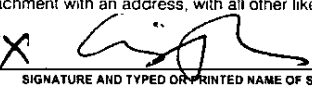
SIGNATURE  DATE 3/5/07

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAN, WINNY <input checked="" type="checkbox"/> Delete 428 MORNIONG GLORY LN N JACKSONVILLE, FL 32259	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAN, WINNY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 108 VILLAGE GREEN AVE JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE 3/5/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR