


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90057 020 \*\*\*150.00

<b>DOCUMENT # P01000076918</b>	
1. Entity Name <b>DELTA ONE TECHNOLOGIES, INC.</b>	

Principal Place of Business <b>5783 MINING TERRACE, #5 JACKSONVILLE, FL 32257</b>	Mailing Address <b>5783 MINING TERRACE, #5 JACKSONVILLE, FL 32257</b>
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**54029381**

2. Principal Place of Business <b>6631 EXECUTIVE PARK</b>	3. Mailing Address <b>6631 EXECUTIVE PARK</b>
Suite, Apt. #, etc. <b>104</b>	Suite, Apt. #, etc. <b>104</b>
City & State <b>JAX FL</b>	City & State <b>JAX FL</b>
Zip <b>32216</b>	Country <b>DUVAL</b>



02172004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3734222</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>COLE, DOUGLAS F 8460 DUPREE RD MACCLENNEY, FL 32063</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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.

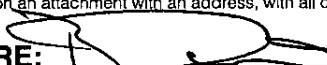
SIGNATURE:  **B. Duett** DATE: **4/7/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	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	PD DUETT, DAN 1702 TIERRA VERDE LANE JACKSONVILLE, FL 32223 <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	VD DUETT, BRETT 2280 EMILYS WAY GREEN COVE SPRINGS, FL 32043 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VD Duett Brett 10263 Whispering Forest Drive JAX FL 32257</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUETT, KEVIN EARL 1760 GREENBRIDGE CIRCLE SOUTH JACKSONVILLE, FL 32259 <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	VD COLE, DOUGLAS 8460 DUPREE ROAD MACCLENNEY, FL 32063 <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 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 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:  **B. Duett** DATE: **4/7/04** 904-279-0092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR