2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000021473

FILED May 20, 2005 Secretary of State

Entity Name: DELTA UNITED TRAVEL AGENCY INC.	
Current Principal Place of Business:	New Principal Place of Business:
PO BOX 681813 MIAMI, FL 33168	
Current Mailing Address:	New Mailing Address:
PO BOX 681813 MIAMI, FL 33168	
FEI Number: 43-2001056 FEI Number Applied For () FEI Num	nber Not Applicable () Certificate of Status Desired (X)
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
AGBEYEGBE, CHIEF JOHN I 1035 NE 125 ST. SUITE 308 NORTH FLORIDA, FL 33161 US	AGBEYEGBE, CHIEF JOHN I 18800 NW 2 AVENUE 118 NORTH FLORIDA, FL 33161 US
The above named entity submits this statement for the purpose or in the State of Florida.	f changing its registered office or registered agent, or both,
SIGNATURE:	05/20/2005
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:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: D () Delete Name: AGBEYEGBE, CELIA T Address: PO BOX 681813 City-St-Zip: MIAMI, FL 33168	Title: D (X) Change () Addition Name: AGBEYEGBE, JOHN I Address: PO BOX 681813 City-St-Zip: MIAMI, FL 33168
Title: D (X) Delete Name: ST-PREUX JOSEPH, JOANNE Address: PO BOX 681813 City-St-Zip: MIAMI, FL 33168	Title: () Change () Addition Name: Address: City-St-Zip:
Title: D (X) Delete Name: AGBEYEGBE, CELIA T Address: PO BOX 681813 City-St-Zip: MIAMI, FL 33168	Title: () Change () Addition Name: Address: City-St-Zip:

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: JOHN AGBEYEGBE PRES 05/20/2005