

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000036163

Entity Name: DELTA LABS, INC.

FILED
Aug 20, 2008
Secretary of State

Current Principal Place of Business:

1298 NW 91 AVE
CORAL SPRINGS, FL 33071

New Principal Place of Business:

7378 W. ATLANTIC BLVD
#437
MARGATE, FL 33063

Current Mailing Address:

7378 WEST ATLANTIC BLVD #374
MARGATE, FL 33063

New Mailing Address:

7378 WEST ATLANTIC BLVD #437
MARGATE, FL 33063

FEI Number: 65-1181091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, TRAVIS
1298 NW 91 AVE
CORAL SPRINGS, FL 33063 US

Name and Address of New Registered Agent:

THOMPSON, TRAVIS
7378 W. ATLANTIC BLVD
#437
MARGATE, FL 33063 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:

08/20/2008

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: PTD () Delete
Name: THOMPSON, TRAVIS
Address: 1298 NW 91 AVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VSD () Delete
Name: THOMPSON, DELLA
Address: 1298 NW 91 AVE
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: THOMPSON, TRAVIS
Address: 7378 W ATLANTIC BLVD
City-St-Zip: MARGATE, FL 33063

Title: VSD (X) Change () Addition
Name: THOMPSON, DELLA
Address: 7378 W ATLANTIC BLVD
City-St-Zip: MARGATE, FL 33071

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TT

VSD

08/20/2008

Electronic Signature of Signing Officer or Director

Date