

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000036163

Entity Name: DELTA LABS, INC.

**FILED**  
**Mar 12, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

7378 W. ATLANTIC BLVD  
#437  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

7378 WEST ATLANTIC BLVD #437  
MARGATE, FL 33063

**New Mailing Address:**

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  
7378 W. ATLANTIC BLVD  
#437  
MARGATE, FL 33063 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: THOMPSON, TRAVIS  
Address: 7378 W ATLANTIC BLVD  
City-St-Zip: MARGATE, FL 33063

Title: VSD  
Name: THOMPSON, DELLA  
Address: 7378 W ATLANTIC BLVD  
City-St-Zip: MARGATE, FL 33071

I hereby 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 all other like empowered.

SIGNATURE: TRAVIS THOMSPON

PTD

03/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date