1. Entity Name SPACE COAST DOOR & TRIM, INC.       Secretary of State         Principal Place of Business       Mailing Address         4440 TINA ST COCOA, FL 32927       4440 TINA ST COCOA, FL 32927         DO NOT WRITE IN THIS SPACE       01192006         No Chg-P       CR2E034 (11/05)         4. FEI Number       Applied For		DELT CORPORATION		1		FILED
440 TIMA ST 0000A, FL 32927       440 TIMA ST 0000A, FL 32927         DO NOT WRITE IN THIS SPACE       0119200s       No Chg-P       CREE334 (11/05)            • The Universal and Address of Current Registered Agent       0119200s       No Chg-P       CREE334 (11/05)            • Add TIMA ST 000-00, FL 32927          • Orthogo Status Desired          • Status and Address of Current Registered Agent            • Add TIMA ST COCIO, FL 32927          • Orthogo Status Desired          • Status Desired          • Status Cocio            • The above named writy adorities this statement for the purpose of changing its registered agent, or both, in the State of Parida. I an familiar with, and accees the colongations of registered agent.           • Curr Registered active or registered agent, or both, in the State of Parida. I an familiar with, and accees the colongations of registered agent.             • The above named writy adorities this statement for the purpose of changing Financino the colongation of registered agent.           • Curr Registered of registered agent, or both, in the State of Parida. I an familiar with, and accees the colongation of registered agent.             • OFFICIONS AND DIRECTORS           • Curr Registered of registered agent, or both, in the State of Parida.           • Dox NOT WRITE • Registered agent, or both, and addies or current Registered active or current Registered active or registered agent, or both, in the State of Parida.             • Curr Registered ageno				Apr 24, 2006 08:00 A Secretary of State		
The above named and submitted to the purpose of obunging its registered agent, or back, in this State of Redds. I am itemitian with, and access the design of registered agent.         State Normal agent agen	4440 TINA ST	4440 TINA ST		1 	NORM AND AND A REAL AND A REAL	na andra ang ang ang ang ang ang ang ang ang an
HAMILTON, JANINE 440 TINA ST COCOA, FL 32927	DO NOT WRITE IN THIS SPA		ACE	01192006         No Chg-P         CR2E034 (11/05)           4. FEI Number         Applied For           05-0592770         Not Applicable           5. Certificate of Status Desired         \$8.75 Additional		
BigNATURE       4-23-06         Supply hypot grand agent       900TE Rubined Agent spatial with statistical agent and this statistical       00TE Rubined Agent spatial with statistical       Dute         Image: Statistic additional agent and this statistical agent and this statistical       90TE Rubined Agent spatial with statistical       00TE         Image: Statistic additional agent and this statistical       • Election Gampaign Financing       \$5.00 May Bo       1000000531184         Image: Statistic additional agent additional agent and this statistical       • Election Gampaign Financing       \$5.00 May Bo       10000005231184         Image: Statistic additional agent additionagent additenon additenonal agent additional agent additional agen	HAMILTON, JANINE 4440 TINA ST	urrent Registered Agent				
STRET ADDRESS       4440 TINA ST COCOA, FL 32927         TTLE       MME         MAME       STRET ADDRESS         CITY-ST-2P       DO NOT WRITE         TITLE       NAME         STRET ADDRESS       CITY-ST-2P         TITLE       NAME         TITLE       NAME         TITLE       NAME         STRET ADDRESS       CITY-ST-2P         TITLE       NAME         STRET ADDRESS       CITY-ST-2P	SIGNATURE Significate, hyped or privited name of register FILE NOWILI FEE IS \$150. After May 1, 2008 Fee will be 1 10. OFFICEF TITLE P	9. Election Campaign Fil 5550.00 Trust Fund Contribution IS AND DIRECTORS	nancing\$5.	.00 May Be		DATE
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			<b>.</b>		
STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP 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 cath; 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; an Block 110 or Block	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			-		
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	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			<b>.</b> .		
	indicated on this report or supplemental r of the corporation or the receiver or truste	eport is true and accurate and that my sig e empowered to execute this report as rec	exemptions contained nature shall have the s quired by Chapter 607	l in Chapter 119, same legal effect i , Florida Statutes;	Florida Statutes. I as if made under o and that my name	further certify that the information ath, that I am an officer or director appears in Block 10 or Block 11 if