2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED May 02, 2006 8:00 am Secretary of State 05-02-2006 90231 021 ***150.00

DOCUN 1. Entity Name DELTA 27	9	# P04000012	2926					05 0 2 2 00	0 9 0 23 1 0 2		
Principal Place 3988 MANAT UNIT 2C BRADENTON,	ee avenue	EAST	Mailing Address 3988 MANATEE AVENUE EAST UNIT 2C BRADENTON, FL 34208								
2. Principal Place of Business			3. Mailing Address P. O. Box 50575								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03102006	Chg-P	CR2E03	4 (11/05)	
City & State			Sarasota FL				4. FEI Numb 20-062			No	plied For Applicable
Zip	Zip Country		34232	34232				of Status Desired	' — г	8.75 Addi ee Required	
	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent						
BERGS, ROBERT L 3988 MANATEE AVENUE EAST UNIT 2C BRADENTON, FL 34208					Name Street Address (P.O. Box Number is Not Acceptable)						
DIADEITI	014,12	74200			City			 	FL	Zip Code	
9 The above	named opti	by submits this statement for	or the purpose of changing it	c registers	d office or	rogistor	od agent or be	th in the State of		miliar with	and accept
the obligati	ions of regis	tered agent.	_ v		ng n				* * * * * * * * * * * * * * * * * * *		
	Signature, types	or printed name of registered agent	and title it applicable. (NO	TE: Registered	d Ageni signatu	ire required	when reinstating)		DATE		
FiL After Ma	E NOW!!! By 1, 200	FEE IS \$150.00 6 Fee will be \$550.	9. Election Campa Trust Fund Cor	_	icing		.00 May Be ad to Fees				
10.		OFFICERS AND	DIRECTORS			ADDITIONS	/CHANGES TO C	OFFICERS AND	DIRECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3988 MA	ROBERT L NATEE AVE E #2C TON, FL 34208	☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HORTON 4028 PAI		☐ Delete				ton, Jo 28 PAL	7 A4 0000 FL 3424		Change Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1560 S. 0	N, EARL L DRANGE AVE EADE, FL 33841	☐ Delete			T		Earl L. ater Ave FL 342	<i>E</i> # 2 0	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addilion
TITLE NAME STREET ADDRESS			☐ Delete	TITL NAM STR						Change	Addition
CITY-ST-ZIP					r-S7-ZIP		"		·		
12. I hereby indicated	certify that I	he information supplied wi	th this filing does not qualify is true and accurate and the	for the ext	emptions of sture shall h	containe	d in Chapter 11 same legal effe	 Florida Statute ect as if made und test and that my f 	es. I further cert der oath; that I a	ify that the i am an officer n Block 10 o	nformation or director r Block 11 if

or the corporation of the receiver of trustee empowered to execute this report a changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	Fi So	Robert L. Bergs	4/27/06	
0,0,0,0,0,0,0	SIGNATURE AND TYPED OR PRIN	TED NAME OF SIGNING OFFICER OR DIRECTOR	Dale	Daytime Phone #