2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000124932

DELPHI CONSULTANTS, INC.

the obligations of registered agent.

SIGNATURE:



FILED Apr 09, 2008 08:00 A Secretary of State

Principal Place of Business

1714 ARABIAN LANE PALM HARBOR, FL 34685 Mailing Address

1714 ARABIAN LANE PALM HARBOR, FL 34685



CR2E034 (11/05)

No Chg-P

02062008

DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-3446225 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE

KOYMARIANOS, EVANGELOS 1714 ARABIAN LN

PALM HARBOR, FL 34685 IN THIS SPACE

8. 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. I am familiar with, and accept

SIGNATURE					
Signature, typed or printed manie or registrated agent and main applicable (PACE indigination Agent agristme required when remissaing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	Hangagoo repe
10.	OFFICERS AND DIREC	TORS			04/21/08-80027-022 150.00
TITLE NAME STREET ADDRESS CITY+ST-ZIP	P KOYMARIANOS, EVANGELOS G 1714 ARABIAN LANE PALM HARBOR, FL 34685				047 517 00 000 00 1 TOS 2 159 100
TITLE NAME STREET ADDRESS GITY-ST-ZIP	V KOYMARIANOS, KIRIAKI 1714 ARABIAN LANE PALM HARBOR, FL 34685				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY+ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. Thereby 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 of 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 of trustee empowered to execute(this leport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					

OFFICER OR DIRECTOR