2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000032424

Entity Name: DELTA ONE REPAIRS INC.

FILED Sep 04, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3725 TURTLERUN BLVD 721 LINCOLN AVE

LEHIGH ACRES, FL 33972 #316 US

CORALSPRINGS, FL 33067 US

New Mailing Address: Current Mailing Address:

3725 TURTLERUN BLVD 721 LINCOLN AVENUE

#316 LEHIGH ACRES, FL 33972 US CORALSPRINGS, FL 33067 US

FEI Number: 42-1697895 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MADIAS, STEVE MADIAS, STEVE 721 LINĆOLN AVE 3725 TURTLERUN BLVD

#316 LEHIGH ACRES, FL 33972 US CORALSPRINGS, FL 33067 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: 09/04/2007

> 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D () Delete Title: (X) Change () Addition

MADIAS, STEVE Name: Name: MADIAS, STEVE 3725 TURTLERUN BLVD #316 721 LINCOLN AVE Address: Address:

City-St-Zip: CORALSPRINGS, FL 33067 US City-St-Zip: LEHIGH ACRES, FL 33972 US

Title: () Delete Title: (X) Change () Addition

Name: MADIAS, STEVE Name: MADIAS, STEVE 3725 TURTLERUN BLVD #316 Address: 721 LINCOLN AVENUE Address: CORALSPRINGS, FL 33067 US LEHIGH ACRES,, FL 33972 US City-St-Zip: City-St-Zip:

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: STEVE MADIAS P/D 09/04/2007