


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 17, 2005 8:00 am
Secretary of State

05-17-2005 90015 032 ***550.00

DOCUMENT # P32523
1. Entity Name
DELTA HOTELS INTERNATIONAL, INC.



| | |
|--|--|
| Principal Place of Business 100 WELLINGTON ST WEST #1200 TORONTO ONTARIO CANADA M5K1J3, XX | Mailing Address 100 WELLINGTON ST WEST #1200 TORONTO ONTARIO CANADA M5K1J3, XX |
|--|--|

30004000

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |



04212005 Chg-P CR2E034 (10/03)

| | |
|------------------------------------|--|
| 4. FEI Number 59-2688328 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City FL Zip Code |

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 the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|


10. OFFICERS AND DIRECTORS

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CAHILL, CHIRS J 100 WELLINGTON ST W STE 1600 TORONTO, ONTARIO, CANADA, m5k 1b7 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DCFO PATAVA, M. JERRY 100 WELLINGTON ST W STE 1600 TORONTO, ONTARIO, CANADA, m5k 1b7 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C JOHNSTON, JOHN M 100 WELLINGTON ST W STE 1200 TORONTO, ONTARIO, CANADA, m5k 1j3 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BADOUR, TERENCE P 100 WELLINGTON ST W STE 1600 TORONTO, ONTARIO, CANADA, m5k 1b7 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS GRIFFITHS, THOMAS C 100 WELLINGTON ST W STE 1600 TORONTO, ONTARIO, CANADA, m5k 1b7 | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **May 13, 2005** 416 874 2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #