


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 A
Secretary of State

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| DOCUMENT # P93000034314 1. Entity Name DELTA RECOVERY CORPORATION |  |
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| Principal Place of Business 405 DOUGLAS AVENUE SUITE 1955 ALTAMONTE SPRINGS, FL 32714 US | Mailing Address P.O. BOX 917359 LONGWOOD, FL 32791 US |
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DO NOT WRITE IN THIS SPACE



04022007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-3182975 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**JUDGE WALTER E.
405 DOUGLAS AVENUE
SUITE 1955
ALTAMONTE SPRINGS, FL 32714**

**DO NOT WRITE
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 the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

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| FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPS WALTER, JUDGE E. 405 DOUGLAS AVENUE, SUITE 1955 ALTAMONTE SPRINGS, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V JUDGE, MARY 405 DOUGLAS AVENUE, SUITE 1955 ALTAMONTE SPRINGS, FL |
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05/09/07-80088-018 150.00

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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 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: _____ **4-21-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #