

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000034314

FILED  
Mar 01, 2010  
Secretary of State

Entity Name: DELTA RECOVERY CORPORATION

**Current Principal Place of Business:**

405 DOUGLAS AVENUE  
SUITE 1955  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 917359  
LONGWOOD, FL 32791 US

**New Mailing Address:**

FEI Number: 59-3182975      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

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

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: WALTER, JUDGE E.  
Address: 405 DOUGLAS AVENUE, SUITE 1955  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: V  
Name: JUDGE, MARY  
Address: 405 DOUGLAS AVENUE, SUITE 1955  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby 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 all other like empowered.

SIGNATURE: WALTER E JUDGE

DPS

03/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date