
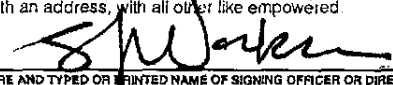


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000059645		
1. Entity Name DELPHI PARTNERS INCORPORATED		
Principal Place of Business 4601 SHERIDAN ST. SUITE 218 HOLLYWOOD, FL 33021	Mailing Address 4601 SHERIDAN ST. SUITE 218 HOLLYWOOD, FL 33021	
DO NOT WRITE IN THIS SPACE		
01042005 No Chg-P CR2E034 (10/03)		
4. FEI Number 65-0436623		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		
WORKMAN, S J 3370 NORTH 47TH AVE. HOLLYWOOD, FL 33021		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>		
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	P WORKMAN, S J 4601 SHERIDAN STREET / STE 218 HOLLYWOOD, FL	<div style="text-align:right;">000000249480 03/03/05-80004-018-150.00</div> DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WORKMAN, ALENE 4601 SHERIDAN STREET STE 21B HOLLYWOOD, FL	
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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: 		Date: 3/1/05 Daytime Phone #: 954-966-9036
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		