

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000062413

Entity Name: DELTA P SYSTEMS, INC.

FILED
Mar 04, 2008
Secretary of State

Current Principal Place of Business:

3 EAST TOWER CIRCLE
ORMOND BECH, FL 32174 US

New Principal Place of Business:

3 EAST TOWER CIRCLE
ORMOND BEACH, FL 32174 US

Current Mailing Address:

3 EAST TOWER CIRCLE
ORMOND BEACH, FL 32174 US

New Mailing Address:

FEI Number: 59-3279305 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLAIS, MARK D
326 GROOVER CREEK CROSSING
ORMOND BEACH, FL 32174 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: P () Delete
Name: BLAIS, MARK D
Address: 326 GROOVER CREEK CROSSING
City-St-Zip: ORMOND BEACH, FL 32174

Title: VPPR () Delete
Name: BLAIS, JULIA S
Address: 326 GROOVER CREEK CROSSING
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JULIA BLAIS

VPPR

03/04/2008

Electronic Signature of Signing Officer or Director

_____ Date