
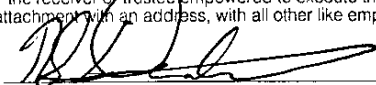


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90030 010 \*\*\*150.00

<b>DOCUMENT # P95000092867</b>					
<b>1. Entity Name</b> DELTA REGIS TOOLS, INC.					
<b>Principal Place of Business</b> 3315 INDUSTRIAL 25 ST FT PIERCE, FL 34946			<b>Mailing Address</b> 3315 INDUSTRIAL 25 ST FT PIERCE, FL 34946		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0635386	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  DEADMAN, THOMAS G 3315 INDUSTRIAL 25 ST FT PIERCE, FL 34946			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
<b>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.</b>					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> DEADMAN, THOMAS G 4702 EAGLE DR FORT PIERCE, FL 34951		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	3315 INDUSTRIAL 25TH ST. FORT PIERCE, FL 34946	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> DEADMAN, CONSTANCE I 4702 EAGLE DRIVE FT PIERCE, FL 34951		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	3315 INDUSTRIAL 25TH ST. FORT PIERCE, FL 34946	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> DEADMAN, ROBERT N 1353 INUIT TRL MISSISSAUGA, ON, CA l5n7r5		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP			<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP			<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP			<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		
<b>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.</b>					
<b>SIGNATURE:</b> 			<b>THOMAS G. DEADMAN</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 2/7/2006 Daytime Phone #: (772) 465-0703		