

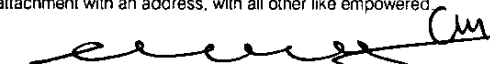


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90060 043 \*\*\*150.00

<b>DOCUMENT # P96000096950</b> 1. Entity Name <b>GOLDEN DELTA, INC.</b>					
Principal Place of Business <b>874 CYPRESS PKWY</b> <b>POINCIANA, FL 34759 US</b>			Mailing Address <b>874 CYPRESS PKWY</b> <b>POINCIANA, FL 34759 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-3413042</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent  <b>FAN, MABLE</b> <b>3556 AMACA CIRCLE</b> <b>ORLANDO, FL 32837</b>		7. Name and Address of New Registered Agent Name <b>Susanna Chu</b> Street Address (P.O. Box Number is Not Acceptable) <del>13201 Lux</del> <b>13201 Luxbury Loop</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32837</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.					
SIGNATURE  DATE <b>4-17-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CHU, MING YIN</b> <b>1708 E RAVENWOOD CR</b> <b>KISSIMMEE, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>LAU, CHUN S</b> <b>447 FOREST WOOD LN</b> <b>MAITLAND, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SUSANNA, CHU</b> <b>13201 LUXBURY LOOP</b> <b>ORLANDO, FL 32837</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>FAN, HING K</b> <b>3556 AMACA CR</b> <b>ORLANDO, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
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:  Date <b>4-14-07</b> Daytime Phone # <b>407 729 9081</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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