

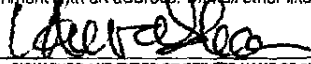


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000044383		
1. Entity Name DELTA OPHTHALMICS, INC.		
Principal Place of Business 4812 26TH STREET WEST BRADENTON, FL 34207	Mailing Address 4812 26TH STREET WEST BRADENTON, FL 34207	
DO NOT WRITE IN THIS SPACE		
		04272006 No Chg-P CR2E034 (11/05)
		4. FEI Number 65-0759001
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ALLARAKHIA, GULZAR 4812 26TH ST W BRADENTON, FL 34207		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		UD00000550831 05/13/06-80074-013 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ALLARAKHIA, LIAQUAT 4812 26TH STREET WEST BRADENTON, FL 34207	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVTD ALLARAKHIA, GULZAR 4812 26TH STREET WEST BRADENTON, FL 34207	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
DO NOT WRITE IN THIS SPACE		
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:  LIAQUAT ALLARAKHIA 4/27/06 (941) 727-3937		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		