

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000001884

Entity Name: DELTA SEVEN, INC.

FILED
Jan 04, 2006
Secretary of State

Current Principal Place of Business:

P.O. BOX 3241
ST. PETERSBURG, FL 33731

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3241
ST. PETERSBURG, FL 33731

New Mailing Address:

FEI Number: 59-3487034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUBA, THOMAS ROBERT
447 3RD AVE. NORTH
SUITE 206
SAINT PETERSBURG, FL 33701 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: PD () Delete
Name: CUBA, THOMAS ROBERT
Address: 37325 MERIDIAN, #116
City-St-Zip: DADE CITY, FL 33525

Title: TRS () Delete
Name: WEINKAUF, AMANDA L TREASUR
Address: 842 AMELIA COURT NE
City-St-Zip: ST. PETERSBURG, FL 33702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CUBA, THOMAS ROBERT
Address: 3655 40TH STREET SOUTH, APT G
City-St-Zip: ST. PETERSBURG, FL 33711

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

I hereby certify that the information supplied with this filing does not qualify for the 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: AMANDA WEINKAUF

TRS

01/04/2006

Electronic Signature of Signing Officer or Director

Date