2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000019165

Title:

Name:

Address:

City-St-Zip:

FILED Apr 04, 2005 Secretary of State

Entity Na	me: DELTA CC	PMM, INC.					
Current Principal Place of Business:			New Prin	New Principal Place of Business:			
	N JOSE BLVD						
SUITE 14 JACKSON	IVILLE, FL 3225	7 US					
Current M	lailing Address	:	New Mail	New Mailing Address:			
	N JOSE BLVD						
SUITE 14 JACKSON	IVILLE, FL 3225	7 US					
FEI Number	: 59-3496946	FEI Number Applied For ()	FEI Number Not App	olicable ()	Certificate of Status Desired	d()	
Name and Address of Current Registered Agent:			: Name and	Name and Address of New Registered Agent:			
SUITE 14	, GARY L N JOSE BLVD IVILLE, FL 3225	7 US					
	e named entity su e of Florida.	ıbmits this statement for t	he purpose of changing	its registered	d office or registered agent, o	or both,	
SIGNATUI	RE:						
	Electronic	Signature of Registered	Agent		Date		
OFFICER	S AND DIRECT	ORS:	ADDITIO	NS/CHANGE	S TO OFFICERS AND DIR	RECTORS:	
Title: Name: Address: City-St-Zip:	WAGNER, GARY	BLVD., SUITE 14	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	VP () E WAGNER, CHRIS 10601 SAN JOSE JACKSONVILLE,	BLVD	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	ST () [WAGNER, SHAR 10601 SAN JOSE JACKSONVILLE,	BLVD.	Title: Name: Address: City-St-Zip:	TODD, JENIF 10601 SAN J			

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: GARY WAGNER Ρ 04/04/2005

(X) Delete

TODD, JENIFER C

10601 SAN BLVD.

JACKSONVILLE, FL

() Change () Addition