## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S91609

FILED Apr 29, 2005 Secretary of State

Entity Name: DELTA INVESTMENT REAL ESTATE & DEVELOPMENT, INC.

Current Principal Place of Business: New Principal Place of Business:

 1049 N TOWN & RIVER DR
 9137 SHADOW GLEN WAY

 FT MYERS, FL 33919
 US

 FT MYERS, FL 33913
 US

Current Mailing Address: New Mailing Address:

 1049 N TOWN & RIVER DR
 9137 SHADOW GLEN WAY

 FT MYERS, FL 33919 US
 FT MYERS, FL 33913 US

FEI Number: 65-0294136 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MEADE, MICHAEL L.

1049 N TOWN & RIVER DR

FT MYERS, FL 33919 US

MEADE, MICHAEL L.

9137 SHADOW GLEN WAY

FT MYERS, FL 33913 US

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: MICHAEL L. MEADE 04/29/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete Title: PTD (X) Change ( ) Addition Name: MEADE, MICHAEL L Name: MEADE, MICHAEL L

 Name:
 MEADE, MICHAEL L
 Name:
 MEADE, MICHAEL L

 Address:
 1049 N TOWN & RIVER DR
 Address:
 9137 SHADOW GLEN WAY

 City-St-Zip:
 FT MYERS, FL 33919 US
 City-St-Zip:
 FT MYERS, FL 33913 US

Title: VD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MEADE, THEODORE
 Name:

 Address:
 6312 LEONARD AVE
 Address:

 City-St-Zip:
 COCOA, FL 32927
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

Name:BROUGHTON, DONNA MName:Address:12904 COVERED BRIDGE RD.Address:City-St-Zip:SELLERSBURG, IN 47172City-St-Zip:

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.

SIGNATURE: MICHAEL L. MEADE PRES 04/29/2005