2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# F96000004106

Entity Name: DA CAPO AL FINE, LTD., CORP.

Current Principal Place of Business:

81 STONECROP LANE
PO BOX 222
COLD SPRING, NY 10516 US

New Principal Place of Business:

81 STONECROP LANE
COLD SPRING, NY 10516 US

Current Mailing Address:

81 STONECROP LANE
PO BOX 222
COLD SPRING, NY 10516 US

New Mailing Address:

FEI Number: 22-2607017 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEITZ, HOWARD G ESQ .
11392 TURTLE BEACH RD.
LOST TREE VILLAGE
NORTH PALM BEACH, FL 33408 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: PDC ( ) Delete
Name: CABOT, FRANCIS H
Address: 81 STONECROP LANE
City-St-Zip: COLD SPRING, NY 10516

Title: T ( ) Delete
Name: GORDON, MARGARET
Address: 81 SSTONECROP LANE
City-St-Zip: COLD SPRING, NY 10516

Title: VSD ( ) Delete
Name: SEITZ, HOWARD G
Address: 11392 TURTLE BEACH ROAD
City-St-Zip: LOST TREE VILLAGE, FL 33408

Title: D ( ) Delete
Name: CABOT, F C
Address: 7097 SANBORN ROAD
City-St-Zip: LOUDON, NH 03301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: HOWARD G. SEITZ SECR 03/25/2009

Electronic Signature of Signing Officer or Director Date