2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 817237

FILED Feb 19, 2008 Secretary of State

Entity Nar	ne: THE DEL	TONA CORPORATION				
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
8014 SW 1 OCALA, FI	135TH ST. RD. _ 34473					
Current M	ailing Addres	s:	New Maili	New Mailing Address:		
8014 SW 1 OCALA, FI	135TH ST. RD. _ 34473					
FEI Number: 59-0997584 FEI Number Applied For ()		FEI Number Not App	licable ()	Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent	: Name and	Address o	of New Registered Agent:	
999 BRICK MIAMI, FL The above	named entity s	TE 700	the purpose of changing	its registere	d office or registered agent, or both,	
	e of Florida.					
SIGNATUF	Electron	ic Signature of Registered Trust Fund Contribution ().	Agent		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	TD () DEWILDE, CHF 8014 SW 135TI OCALA, FL 344	HST. RD.	Title: Name: Address: City-St-Zip:	D GRAM, RUE 8014 SW 13 OCALA, FL	35TH ST. RD.	
Title: Name: Address: City-St-Zip:	PCD () GRAM, ANTON' 8014 SW 135TI OCALA, FL 344	HST. RD.	Title: Name: Address: City-St-Zip:	PCTD GRAM, ANT 8014 SW 13 OCALA, FL	35TH ST. RD.	

Title: VSD () Delete Name: HUMMERHIELM, SHARON 999 BRICKELL AVE SUITE 700 Address:

City-St-Zip: MIAMI, FL 33131

Title: () Delete FISHER, BETH Name: Address: 8014 SW 135TH ST . RD. OCALA, FL 34473 City-St-Zip:

Title: (X) Change () Addition ٧S Name: HUMMERHIELM, SHARON 999 BRICKELL AVE SUITE 700 Address: City-St-Zip: MIAMI, FL 33131

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: SHARON HUMMERHIELM **EVP** 02/19/2008