2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 854499

Entity Name: DELFA DEVELOPMENT N.V.

10132 LONGFORD DR

KNOXVILLE, TN 37922

Address:

City-St-Zip:

FILED Aug 20, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
369 N NE\	IDSAY BUILDEF W YORK AVE, (PARK, FL 3278	BŔD FLOOR			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
SUITE 400	150 E 4TH ST SUITE 400 CINCINNATI, OH 45202 US		3867 BLACKWOOD COURT CINCINNATI, OH 45236 US		
FEI Number	: 52-1273342	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
369 NO NI 3RD FLOO	J. LINDSAY J EW YORK AVE DR PARK, FL 3278				
	e named entity s e of Florida.	ubmits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI					
Flaction Co.		ic Signature of Registered Ag	ent	Date	
		Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	SAMAWI, ANWA	Delete NR CROIX D'OR 5TH FL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () HASSAN, KHALI 4TH CIRCLE JA AMMAN, JORDA	BAL AMMAN	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () SAMAWI, ABDE	Delete L	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: ABDEL SAMAWI D 08/20/2008