2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J63818

Address:

FILED Feb 26, 2009 Secretary of State

| Entity Name: DALE E. PETERSON REALTY, IN | C. |
|--|---|
| Current Principal Place of Business: | New Principal Place of Business: |
| 321 HARBOUR BLVD DESTIN, FL 32541 | |
| Current Mailing Address: | New Mailing Address: |
| 321 HARBOUR BLVD DESTIN, FL 32541 | |
| FEI Number: 59-2784697 FEI Number Applied For (|) FEI Number Not Applicable () Certificate of Status Desired () |
| Name and Address of Current Registered Age | nt: Name and Address of New Registered Agent: |
| PETERSON, DALE E 321 HARBOR BLVD DESTIN, FL 32541 US | |
| The above named entity submits this statement for in the State of Florida. | r the purpose of changing its registered office or registered agent, or both, |
| SIGNATURE: | |
| Electronic Signature of Registere | ed Agent Date |
| Election Campaign Financing Trust Fund Contribution ($)$ |). |
| OFFICERS AND DIRECTORS: | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS |
| Title: P () Delete Name: PETERSON, DALE E | Title: P (X) Change () Addition Name: PETERSON, DALE E |

321 HARBOR BLVD 321 HARBOR BLVD Address: Address: City-St-Zip: DESTIN, FL City-St-Zip: DESTIN, FL 32541 US Title: () Delete Title: (X) Change () Addition NICHOLS, SANDRA F NICHOLS, SANDRA F Name: Name:

32 BAY DRIVE N.E. Address: 32 BAY DRIVE N.E.

City-St-Zip: FT. WALTON BEACH, FL 32548 City-St-Zip: FT. WALTON BEACH, FL 32548 US

Title: () Delete Title: D () Change (X) Addition Name: SOLECKI, CERENNA L

 Name:
 Name:
 SOLECKI, CERENNA L

 Address:
 Address:
 84 BATCHELOR'S BUTTON

 City-St-Zip:
 City-St-Zip:
 MIRAMAR BEACH, FL 32550 US

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: CERENNA SOLECKI D 02/26/2009