2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005082

Entity Name: DELTONAFACTS.ORG, INC

FILED Sep 10, 2008 Secretary of State

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

813 DELTONA BOULEVARD 3254 WILD PEPPER COURT

SUITE A DELTONA, FL 32725

DELTONA, FL 32725

Current Mailing Address: New Mailing Address:

813 DELTONA BOULEVARD 3254 WILD PEPPER COURT

SUITE A DELTONA, FL 32725 DELTONA, FL 32725

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

ALL FLORIDA FIRM INC
813 DELTONA BOULEVARD
SUITE A
DELTONA, FL 32725 US

KIEPERT, MICHAEL C MR
3254 WILD PEPPER CT
DELTONA, FL 32725 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 KIEPERT 09/10/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: JESSUP, JAMISON M SR Name: KIEPERT, MICHAEL C

Address: 813 DELTONA BOULEVARD, SUITE A Address: 3254 WILD PEPPER CT City-St-Zip: DELTONA, FL 32725 City-St-Zip: DELTONA, FL 32725

Title: CD () Delete Title: CD (X) Change () Addition

 Name:
 KIEPERT, MICHAEL
 Name:
 TAVERNIER, WILLIAM

 Address:
 3254 WILD PEPPER COURT
 Address:
 1880 MERRICK DRIVE

 City-St-Zip:
 DELTONA, FL 32725
 City-St-Zip:
 DELTONA, FL 32738

Title: STD () Delete Title: STD (X) Change () Addition

Name: NEWMAN, DEVÍN Name: KENNY, VERONICA
Address: 813 DELTONA BOULEVARD, SUITE A Address: 3237 TEALWOOD TERRACE
City-St-Zip: DELTONA, FL 32725 City-St-Zip: DELTONA, FL 32725

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL KIEPERT PD 09/10/2008

Electronic Signature of Signing Officer or Director

Date