2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000079458

Entity Name: DEL FERN, INC.

City-St-Zip:

OCALA, FL 34481

FILED Jan 17, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|---|---------------------------------------|---------------------------------|---|--|--|
| | REAM RD. RG, FL 34748 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| PO BOX 2 LADY LAK | 2080 (E, FL 321582 | 2080 | | | |
| FEI Number | : 98-0427060 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address o | Name and Address of New Registered Agent: | |
| | PATRICIA A 165 COURT 'L 34481 U | S | | | |
| | e named entity e of Florida. | submits this statement for the | purpose of changing its registered | d office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| | Electro | nic Signature of Registered Ag | ent | Date | |
| Election Ca | mpaign Financir | ng Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | FERNANDES, | MAGALIESBURG, GAUTING | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | FERNANDES, | MAGALIESBURG, GAUTING | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | D (PETERS, PAT 6163 SW 165 | | Title: Name: Address: | () 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.

City-St-Zip:

SIGNATURE: PATRICIA A. PETERS D 01/17/2009