

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722546

FILED
Mar 18, 2009
Secretary of State

Entity Name: DBAC, INC.

Current Principal Place of Business:

3820 OCEAN BEACH BLVD.
COCOA BEACH, FL 32931 US

New Principal Place of Business:

Current Mailing Address:

C/O RECONCILABLE DIFFERENCES, INC.
109 LONG POINT ROAD
CAPE CANAVERAL, FL 32920 US

New Mailing Address:

FEI Number: 59-2028399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUGAN, MICHELLE
C/O RECONCILABLE DIFFERENCES, INC.
109 LONG POINT ROAD
CAPE CANAVERAL, FL 32920 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORRISON, PAMELA
Address: 2860 FRONTIER DRIVE
City-St-Zip: KISSIMMEE, FL 34744

Title: VPD () Delete
Name: STANLEY, DEBBIE
Address: 3820 OCEAN BEACH BLVD, # 211
City-St-Zip: COCOA BEACH, FL 32931

Title: TSD () Delete
Name: WALTON, JOE
Address: 1860 N. ATLANTIC AVE #504B
City-St-Zip: COCOA BEACH, FL 32931

Title: D () Delete
Name: STANLEY, DALE
Address: 3820 OCEAN BEACH BLVD. #211
City-St-Zip: COCOA BEACH, FL 32931

Title: D () Delete
Name: MORRISON, ANDY
Address: 2860 FRONTIER DRIVE
City-St-Zip: KISSIMMEE, FL 32744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KERNS, PATRICIA
Address: 3820 OCEAN BEACH BLVD. #232
City-St-Zip: COCOA BEACH, FL 32931

Title: D (X) Change () Addition
Name: WHEATON, NORMAN
Address: 1551 TORRENCE
City-St-Zip: DUVAL-QUEBEC, CN H9P2Y8

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: PAMELA MORRISON

PD

03/18/2009

Electronic Signature of Signing Officer or Director

Date