2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008
Secretary of State

DOCUMENT# 737616

Entity Name: DEBARY HALL INC.

Current Principal Place of Business:

210 SUNRISE BLVD
DEBARY, FL 32713 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 530911
DEBARY, FL 32713 US

New Mailing Address:

FEI Number: 59-1745677 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCOTT, SHERILYN
404 HOLLINGSWORTH COURT
DEBARY, FL 32713 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: URCHUK, JANA
Address: 105 GLEN CLUB COURT
City-St-Zip: DEBARY, FL 32713

Title: S ( ) Delete
Name: SCOTT, SHERILYN
Address: 404 HOLLINGSWORTH COURT
City-St-Zip: DEBARY, FL 32713

Title: T ( ) Delete
Name: SHAFFER, JANE
Address: 102 BRASSINGTON DRIVE
City-St-Zip: DEBARY, FL 32713

Title: V ( ) Delete
Name: FREEMAN, SHARON
Address: 226 BUNKER COURT
City-St-Zip: DEBARY, FL 32713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SCOTT, SHERILYN
Address: 404 HOLLINGSWORTH COURT
City-St-Zip: DEBARY, FL 32713

Title: S (X) Change ( ) Addition
Name: PREIL, SUSAN
Address: 405 HAVILLAND COURT
City-St-Zip: DEBARY, FL 32713

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

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

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: SHERILYN SCOTT PD 01/18/2008

Electronic Signature of Signing Officer or Director — Date