

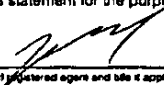
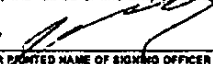


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90029 035 \*\*\*150.00

<b>DOCUMENT # H24311</b> 1. Entity Name <b>DEBRY DEVELOPMENT, INC.</b>			
Principal Place of Business <b>123 TROPICANA DR PUNTA GORDA, FL 33950</b>		Mailing Address <b>123 TROPICANA DR PUNTA GORDA, FL 33950</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		<b>40035491</b> 	
		02182006 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>59-2508458</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PAPY, CHARLES C., III 201 ALHAMBRA CIRCLE SUITE 502 CORAL GABLES, FL 33134</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Jean DE BRY</u>  DATE <u>2-24-2006</u> <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DEBRY, JEAN M. 123 TROPICANA DR PUNTA GORDA, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST DEBRY, JEAN M. 123 TROPICANA DR PUNTA GORDA, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: <u>Jean DE BRY</u>  DATE <u>2-24-2006</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

DE BRY DEVELOPMENT, Inc.

123 Tropicana Drive

PUNTA GORDA, FL 33950  
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ATTACHMENT

40035491

Punta Gorda, 3 - 17 - 2006

FLORIDA DEPARTMENT of STATE

Division of Corporations

P.O. Box 1500

TALLAHASSEE, FL 32302-1500  
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Dear Sirs,

Reference Number H243II  
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Thank you for your letter of 3 - 08 - 06.

As requested I enclose a check of \$ 150.- for payment of the filing fee, and  
the annual report / uniform business report.

Sincerely,

J. DE BRY

