
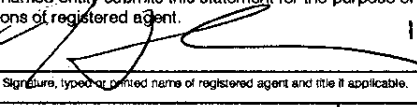



# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # J06613</b> 1. Entity Name <b>DEBRON ASSOCIATES, INC.</b>						<b>FILED</b> <b>04 NOV 03 PM 2:02</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>1140 HOLLAND DR.</b> <b>#15</b> <b>BOCA RATON, FL 33487 US</b>				Mailing Address <b>1140 HOLLAND DR.</b> <b>#15</b> <b>BOCA RATON, FL 33487 US</b>			
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		4. FEI Number <b>59-2650865</b> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				11012004      Chg-P      CR2E034 (10/03)			
6. Name and Address of Current Registered Agent  <b>PEASLEY, RONALD M</b> <b>1140 HOLLAND DR</b> <b>STE 15</b> <b>BOCA RATON, FL 33487</b>				7. Name and Address of New Registered Agent Name <b>JING-RENG HOMER CHIANG</b> Street Address (P.O. Box Number is Not Acceptable) <b>1140 HOLLAND DRIVE</b> <b>SUITE 15</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33487</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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<b>JING-RENG HOMER CHIANG</b> <b>NOV 1, '04</b> <small>(NOTE: Registered Agent signature required when reinstating)      DATE</small>			
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC <b>PEASLEY, RONALD M</b> <input checked="" type="checkbox"/> Delete <b>1140 HOLLAND DR., #15</b> <b>BOCA RATON, FL 33487</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>HORNSTEIN, JULIA L</b> <b>1140 HOLLAND DR #15</b> <b>BOCA RATON, FL 33487</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete <b>PEASLEY, DEBRA H</b> <b>1140 HOLLAND DR STE#15</b> <b>BOCA RATON, FL 33487</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800042438898</b> <b>11/03/04--01042--003 **\$1.25</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input checked="" type="checkbox"/> Delete <b>PEASLEY, DEBRA H</b> <b>1140 HOLLAND DR STE #15</b> <b>BOCA RATON, FL 33487</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>NOV 1, '04</b> <b>973-885-2663</b> <small>Date      Daytime Phone #</small>			