2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 8:00 am Secretary of State

DOCUMENT # J86836 1. Entity Name DEB-GLO, INC.					04-23-2007 90262 014 ***150.00			
Principal Place of Business Mailing Address				3	, :			
237A COMMERCIAL BLVD 237A COMMERCIAL BLVD			/D			•		
LAUDERDALE BY THE SEA, FL 33308		LAUDERDALE BY THE SEA, FL 333		33308 US	-			
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address		} 				
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			04142007	Chg-P	CR2E034 (12/06)	
							·	
City & State		City & State			4. FEI Numbe 65-001			oplied For ot Applicable
Zip Country		Zip Countr		try			£9.75	
•				•	5. Certificate	of Status Desired	Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Agent	
DERDIE NOOFDO				Name				
DEBBIE NOCERO 237A COMMERCIAL BLVD				Street Address (P.O. Box Number is Not Acceptable)				
LAUDERDALE BY THE SEA, FL 33301			·····					
				City			FL Zip Coo	e
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								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agriculture required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECTORS 11.				ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11
TITLE	,		TITLE	1			Change	Addition
NAME CORET ADDRESS	·		NAM	ET ADDRESS				
STREET ADORESS CITY-ST-ZIP				-ST-ZIP				
TITLE			TITLE				☐ Change	Addition
NAME			NAM				LLJ Olloligo	() //00/30/
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CITY-ST-ZIP			CITY	-ST-ZIP				
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CITY-ST-ZIP				- ST-ZIP				
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NAME			NAM	E	•			
STREET ADORESS				ET ADDRESS				
CITY-ST-ZIP			-ST-ZIP					
12. I nereby o	certify that the information supplied with	n inis illing does not qualify for	r the exe	emptions contai	ined in Chapter 119	. Fiorida Statutes. I	turther certify that the i	ntormation

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 suppliemental 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 trustate 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #