
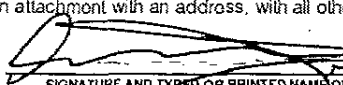


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 24, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # K79163</b> 1. Entity Name <b>DEBON-AIRE, INC.</b>					
Principal Place of Business 7 S. FORREST AVENUE KISSIMMEE FL 34741			Mailing Address 7 S. FORREST AVENUE KISSIMMEE FL 34741		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2951750</b>	
Zip		Country		5. Certificate of Status Destroyed <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent  <b>RITCH, JOHN B.</b> <b>100 CHURCH ST</b> <b>KISSIMMEE FL 32741</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input type="checkbox"/> Delete <b>DUFLO, EUGENE F.</b> <b>7 S FORREST AVE</b> <b>KISSIMMEE FL</b>	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000001600327 01/26/07-80005-008 150.00		
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input type="checkbox"/> Delete <b>DUFLO, LORRAINE G.</b> <b>7 S FORREST AVE</b> <b>KISSIMMEE FL</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		
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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 exemptions contained in Section 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.					
<b>SIGNATURE:</b>  <b>Eugene Duflo Pres</b> - 1-22-07 407 846 3341 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



1st MOORE CR2E034 (10/08)