

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # L38475

1. Entity Name
DEBORAH JAMES ENTERPRISES, INC.



Principal Place of Business
 1843 NW 124 AVE.
 C
 CORAL SPRINGS, FL 33071-7890 US

Mailing Address
 % DAVID C. HARDIN
 500 E BROWARD BLVD #1950
 FT LAUDERDALE, FL 33394-3079



04172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2778310	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARDIN, DAVID C.
 500 E BROWARD BLVD
 SUITE 1950
 FT LAUDERDALE, FL 33394

DO NOT WRITE IN THIS SPACE

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 signature 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

000000750892
 05/18/07-80082-003-300.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHUART, STEVEN 1843 NW 124 AVE CORAL SPRINGS, FL 330717890
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SHUART, DEBORAH 1843 NW 124 AVE. CORAL SPRINGS, FL 330717890
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:

Steven Shuart
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Shuart 4/24/07

Date

Daytime Phone #