2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED PROPERTY 1 Apr 24, 2006 08:00 Al Secretary of State DOCUMENT # M38222 1. Entity Name DEB-BAC CORP. Principal Place of Business Mailing Address **4651 SHERIDAN STREET** 4651 SHERIDAN STREET **STE 300** STE 300 HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 01052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0126011 Not Applicab! \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SOSSIN, ROBERT J DO NOT WRITE 4651 SHERIDAN STREET, SUITE 300 HOLLYWOOD, FL 33021 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, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 05/06/06-80001-017 150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DPT TITLE BACKSTEIN, EDWARD NAME STREET ADDRESS 96 OLD FOREST HILL RD CITY-ST-ZIP TORONTO, ONTARIO, CA TETLE BACKSTEIN, ALICE NAME STREET ADDRESS 96 OLD FOREST HILL RD CITY-ST-ZIP TORONTO, ONTARIO, CA THTLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Poil 16 has

416-422-5416

Daytime Phone #