2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 14, 2006 08:00 Al Secretary of State DOCUMENT # 1/99425 1. Entity Name DEBBIE'S HEALTH FOODS, INC. Principal Place of Business Mailing Address 816 SAXON BLVD. 816 SAXON BLVD. SUITE 2 **ORANGE CITY FL 32763 ORANGE CITY FL 32763** 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2918643 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CERANKOWSKI, DEBORAH R Street Address (P.O. Box Number is Not Acceptable) 256 ADELAIDE ST DEBARY FL 32713 City Zip Code Fl 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 reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE ☐ Change Addition CERANKOWSKI, DEBORAH R. NAME STREET ADDRESS 256 ADELAIDE ST STREET ADDRESS CITY-ST-ZIF DEBARY FL 32713 CRTY-ST-ZIP ☐ Defete TITLE TITLE Change Addition CERANKOWSKI, LEON W. NAME STREET ADDRESS 256 ADELAIDE ST STREET ADDRESS CITY-ST-ZIF DEBARY FL 32713 CRY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE Change NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP RRE Delete TILLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date