

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M99425

FILED
Jan 04, 2008
Secretary of State

Entity Name: DEBBIE'S HEALTH FOODS, INC.

Current Principal Place of Business:

816 SAXON BLVD.
SUITE 2
ORANGE CITY, FL 32763

New Principal Place of Business:

862 SAXON BLVD.
ORANGE CITY, FL 32763

Current Mailing Address:

816 SAXON BLVD.
SUITE 2
ORANGE CITY, FL 32763

New Mailing Address:

862 SAXON BLVD.
ORANGE CITY, FL 32763

FEI Number: 59-2918643

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CERANKOWSKI, DEBORAH R
256 ADELAIDE ST
DEBARY, FL 32713 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: CERANKOWSKI, DEBORAH, R.
Address: 256 ADELAIDE ST
City-St-Zip: DEBARY, FL 32713

Title: VT () Delete
Name: CERANKOWSKI, LEON W.,
Address: 256 ADELAIDE ST
City-St-Zip: DEBARY, FL 32713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH R. CERANKOWSKI

PS

01/04/2008

Electronic Signature of Signing Officer or Director

Date