

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 07, 2008**  
**Secretary of State**

DOCUMENT# N05000003589

Entity Name: PROJECT DEBBY, INC.

**Current Principal Place of Business:**

102 HALF MOON CIRCLE  
H-2  
HYPOLUXO, FL 33465

**New Principal Place of Business:**

**Current Mailing Address:**

102 HALF MOON CIRCLE  
H-2  
HYPOLUXO, FL 33465

**New Mailing Address:**

FEI Number: 20-2606916      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

POTASH, NAOMI  
102 HALF MOON CIRCLE H-2  
HYPOLUXO, FL 33465 US

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

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BELOVSKY, PETER  
Address: 8057 CASSIA DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33437

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

Title: D ( ) Delete  
Name: MCALLISTER, SCOTT  
Address: 6605 WILSON LANE  
City-St-Zip: BETHESDA, MD 20817

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

Title: D ( ) Delete  
Name: MCNAMARA R, DIANE  
Address: 40 GLEN ELLEN ROAD  
City-St-Zip: ROXBURY, MA 02132

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NAOMI BERMAN

DIR

09/07/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date