
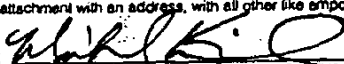


FILED  
Mar 16, 2006 8:00 am  
Secretary of State

02-15-2006 90032 043 \*\*\*\*61.25

2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # N05000012907			
1. Entity Name THE DEBBI FOUNDATION, INC.			
Principal Place of Business 1562 ISLAND WAY WESTON, FL 33326		Mailing Address 1562 ISLAND WAY WESTON, FL 33326	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 76-0811611		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 KRISSEL, MICHAEL 12350 SW 132ND CT SUITE 215 MIAMI, FL 33186		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P NAME BARRETT, MATTHEW A STREET ADDRESS 1562 ISLAND WAY CITY-ST-ZIP WESTON, FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V NAME BARRETT, ZOEY STREET ADDRESS 1562 ISLAND WAY CITY-ST-ZIP WESTON, FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V NAME ROHDE, DELANEY G STREET ADDRESS 1562 ISLAND WAY CITY-ST-ZIP WESTON, FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T NAME BARRETT, CHASE A STREET ADDRESS 1562 ISLAND WAY CITY-ST-ZIP WESTON, FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S NAME KRISSEL, MICHAEL STREET ADDRESS 1562 ISLAND WAY CITY-ST-ZIP WESTON, FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S NAME BAUMGARTEN, WESLEE STREET ADDRESS 1562 ISLAND WAY CITY-ST-ZIP WESTON, FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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:  SECRETARY MICHAEL KRISSEL		Date: 2/13/06 (305) 254-9667	
SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY OR DIRECTOR			



ATTACHMENT

66605419

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 17, 2006

THE DEBBI FOUNDATION, INC.  
1562 ISLAND WAY  
WESTON, FL 33326

Subject: **THE DEBBI FOUNDATION, INC.**

Reference Number: **N05000012907**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

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If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH  
ANNUAL REPORTS SECTION