



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 31, 2007 08:00 AM
Secretary of State**

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	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KRISSEL, MICHAEL 12350 SW 132ND CT SUITE 215 MIAMI, FL 33186		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000001613328 02/06/07-80005-005 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARRETT, MATTHEW A 1562 ISLAND WAY WESTON, FL 33326	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARRETT, ZOEY 1562 ISLAND WAY WESTON, FL 33326	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROHDE, DELANEY G 1562 ISLAND WAY WESTON, FL 33326	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARRETT, CHASE A 1562 ISLAND WAY WESTON, FL 33326	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRISSEL, MICHAEL 1562 ISLAND WAY WESTON, FL 33326	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAUMGARTEN, WESLEE 1562 ISLAND WAY WESTON, FL 33326	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		✓ 1/27/07 (954) 659-8999 <small>Date Daytime Phone #</small>