2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N05000012907

1. Entity Name
THE DEBBI FOUNDATION, INC.

Principal Place of Business	Mailing Address
1562 ISLAND WAY WESTON, FL 33326	1562 ISLAND WAY WESTON, FL 33326

40040563

01212008 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
76-0811611	Not Applicable

5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

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6. Name and Address of Current Registered Agent

KRISSEL, MICHAEL
12350 SW 132ND CT SUITE 215
MIAMI, FL 33186

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 reinstating)   DATE

Filing Fee is $61.25 **Due by May 1, 2008**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BARRETT, MATTHEW A
STREET ADDRESS	1562 ISLAND WAY
CITY-ST-ZIP	WESTON, FL 33326
TITLE	V
NAME	BARRETT, ZOEY
STREET ADDRESS	1562 ISLAND WAY
CITY-ST-ZIP	WESTON, FL 33326
TITLE	V
NAME	ROHDE, DELANEY G
STREET ADDRESS	1562 ISLAND WAY
CITY-ST-ZIP	WESTON, FL 33326
TITLE	T
NAME	BARRETT, CHASE A
STREET ADDRESS	1562 ISLAND WAY
CITY-ST-ZIP	WESTON, FL 33326
TITLE	S
NAME	KRISSEL, MICHAEL
STREET ADDRESS	1562 ISLAND WAY
CITY-ST-ZIP	WESTON, FL 33326
TITLE	S
NAME	BAUMGARTEN, WESLEE
STREET ADDRESS	1562 ISLAND WAY
CITY-ST-ZIP	WESTON, FL 33326

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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: _Matthew Barrett_   1-23-08   (954) 659-8999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #