

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000155688

FILED  
Apr 17, 2007  
Secretary of State

Entity Name: MOBILE NOTARY SERVICES BY DEBRA, INC.

## Current Principal Place of Business:

PO BOX 721303  
ORLANDO, FL 328721303

## New Principal Place of Business:

4409 HOFFNER AVE  
# 145  
ORLANDO, FL 32812

## Current Mailing Address:

PO BOX 721303  
ORLANDO, FL 328721303

## New Mailing Address:

4409 HOFFNER AVE  
# 145  
ORLANDO, FL 32812

FEI Number: 54-2142995

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROMANO, DEBRA  
5423 DALE LN  
ORLANDO, FL 32822 US

## Name and Address of New Registered Agent:

ROMANO, DEBRA  
4409 HOFFNER AVE  
# 145  
ORLANDO, FL 32812 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:

04/17/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ROMANO, DEBRA  
Address: PO BOX 721303  
City-St-Zip: ORLANDO, FL 328721303

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ROMANO, DEBRA  
Address: 4409 HOFFNER AVE # 145  
City-St-Zip: ORLANDO, FL 32812

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBRA J ROMANO

P

04/17/2007

Electronic Signature of Signing Officer or Director

Date