## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000004362

4710 SHAVANO BARK

SAN ANTONIO, TX 78230

Address: City-St-Zip:

Entity Name: DEB - CYN, INC

FILED Jan 04, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 211 ANTOFAGASTA STREET PUNTA GORDA, FL 33983 **Current Mailing Address: New Mailing Address:** 211 ANTOFAGASTA STREET PUNTA GORDA, FL 33983 FEI Number: 20-0568956 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PAIGE, THOMAS J PAIGE, THOMAS J 211 ANTOFAQASTA STREET 211 ANTOFAGASTA STREET PUNTA GORDA, FL 33983 PUNTA GORDA, FL 33983 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: 01/04/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition THILKING, SHIRLEY Name: Name: 22285 WALTON AVE Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip: ( ) Delete Title: VPD Title: () Change () Addition Name: PAIGE, THOMAS J Name: 211 ANTOFAGASTA STREET Address: Address: PUNTA GORDA, FL 33983 US City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition MORNHINEWAY, DAVID Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: THOMAS J. PAIGE **VPD** 01/04/2006