

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90183 021 ***150.00



DOCUMENT # P04000004362

1. Entity Name
 DEB - CYN, INC

Principal Place of Business
 211 ANTOFAGASTA STREET
 PUNTA GORDA FL 33983

Mailing Address
 211 ANTOFAGASTA STREET
 PUNTA GORDA FL 33983



2. Principal Place of Business - No P.O. Box #
 1931 Tamiami Trail
 Suite, Apt. #, etc.
 Unit 10

3. Mailing Address
 22285 Walton AVE
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
 Port Charlotte FL
 Zip
 33948
 Country
 USA

City & State
 Port Charlotte FL
 Zip
 33952
 Country
 USA

4. FEI Number 20-0568956
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 PAIGE, THOMAS J
 211 ANTOFAGASTA STREET
 PUNTA GORDA FL 33983

7. Name and Address of New Registered Agent
 Name: Shirley Thilking
 Street Address (P.O. Box Number is Not Acceptable)
 22285 Walton Ave
 Port Charlotte
 City FL Zip Code 33952

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 Shirley Thilking

4-9-07

Signature, typed or printed name of registered agent and filer applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD THILKING, SHIRLEY 22285 WALTON AVE PORT CHARLOTTE FL 33952 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD PAIGE, THOMAS J 211 ANTOFAGASTA STREET PUNTA GORDA FL 33983 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MORNHINEWAY, DAVID 4710 SHAVANO BARK SAN ANTONIO TX 78230 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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 607, 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: Shirley Thilking Shirley Thilking 4-9-07 941-255-9099
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #