2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED May 11, 2006 8:00 am Secretary of State 04-24-2006 90412 011 ***150.00

DOCUMENT # P05000048054 1. Entity Name DEBORAH M. THORNTON, INC.								
Principal Place	e of Business	Mailing Address	Mailing Address				66015	220
120 43RD AV		=	120 43RD AVE			2.	PPATS	1007
VERO BEACH, FL 32968			VERO BEACH, FL 32968		1 (84)(8 8) (1	l Alline wast Addi Adda www	n Born First Irra ografi	Firit Arafanı ik canı
2. Principal Pl	lace of Business	3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #. etc.	Suile, Apr. #. etc.		01062006	Chg-P	CR2E034 (11	/05)
City & State		City & State	<u> </u>		4. FEI NUOLO	= 1920	635a	Applied For Not Applicable
Žíp 	Country Zip Cour		Coun	ury 	5. Certificate	of Status Desired		5 Additional equired
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
PRENDERGAST, RICHARD L				T and the second				
120 43RD			Street Addre		P.O. Box Numb	er is Not Acceptable	9)	
				City	City FL Zip Code			Code
8 The above	named antity submits this stateme	to the ourpage of changing its	ropieters	nd office or register		th in the State of Etc		
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 Specifier (specified name of registered agent amilities LimpRoable (NOTE Registered Agent signature required when reinstating) DATE								
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5,00 May Be Trust Fund Contribution. Added to Fees								
10.		AND DIRECTORS	11.		ADDITIONS	CHANGES TO OFF		
TITLE NAME	D THORNTON, DEBORAH M	Delete	TITLE				□ cv	ange
STREET ADDRESS				ET ADORESS				
CITY-ST-ZIP	VERO BEACH, FL 32968		CITY-	S7-22P		_		
TITLE		☐ Delete	TITLE				Ch	ange 🔲 Addition
NAME Street address			MAME	ET ADORESS				
CITY-ST- DP				-S1 - ZIP				ì
tmue		☐ Delets	TITLE				□ ch	ange Addition
HAME			NAME	,				_
STREET ADDRESS CITY-S1-ZIP	•			ET ADORESS ST-ZIP				
FITLE		☐ Delets	piage					ange Addition
NAME			NAM!	E			<u></u>	
STREET ADDRESS City St ZIP				ET ADDRESS ST-ZIP				
TITLE		☐ Deleta	TITLE	1			Cha	inge 🔲 Addition
NAME Street address	1		NAME	T ADORESS				j
CITY-ST-ZIP	i de la companya de			ST-ZIP				1
ITILE		☐ Delete	TITLE				Ch.	inge 🔲 Addition
NAME			HAME	1				j
STREET ADDRESS CITY-ST-ZIP				ST-ZIP	<u></u>			
12. Thereby 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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; the I 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: DISCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIREC								