2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000082662

City-St-Zip:

WELLINGTON, FL 334146258

Entity Name: DEBOND CORPORATION

FILED Feb 20, 2008 Secretary of State

Littly Nai	ille. DEBONE	CORFORATION				
Current Principal Place of Business:				New Principal Place of Business:		
11924 FOREST HILL BLVD SUITE 22-213 WELLINGTON, FL 334146258				11924 FOREST HILL BLVD SUITE 22-213 WELLINGTON, FL 334146258		
Current Mailing Address:				New Mailing Address:		
11924 FOREST HILL BLVD SUITE 22-213 WELLINGTON, FL 334146258			S	11924 FOREST HILL BLVD SUITE 22-213 WELLINGTON, FL 334146258		
FEI Number: 20-2980265 FEI Number Applied For ()		FEI Numbe	er Not Applicable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
2015 POR WELLING The above in the State	e of Florida.	48008 US	urpose of c	hanging its registered	d office or registered agent, or both,	
SIGNATURE: Electronic Signature of Registered Agent				Date		
Election Car		g Trust Fund Contribution ().	A11.		Balo	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DONOVAN, MI 11924 FORES) Delete CHAEL R T HILL BLVD SUITE 22-213 , FL 334146258	Na Ad	tle: ame: ddress: ity-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	NORBURN, CH 11924 FORES) Delete IARLES E T HILL BLVD SUITE 22-213 , FL 334146258	Na Ad	tle: ame: ddress: ity-St-Zip:	() Change () Addition	
Title: Name:	MURPHY, J JA) Delete Y T HILL BLVD SHITE 22-213	Na	tle: ame:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: MICHAEL R. DONOVAN DPT 02/20/2008