

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000142899

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: DEBRES DIRECT INC.

## Current Principal Place of Business:

2237 SW 15 AVE  
CAPE CORAL, FL 33991

## New Principal Place of Business:

573 BOURSE CIRCLE  
LEHIGH ARCES, FL 33974

## Current Mailing Address:

2237 SW 15 AVE  
CAPE CORAL, FL 33991

## New Mailing Address:

573 BOURSE CIRCLE  
LEHIGH ARCES, FL 33974

FEI Number: 20-8117687

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DE BRES, TONYA  
2237 SW 15 AVE  
CAPE CORAL, FL 33991 US

## Name and Address of New Registered Agent:

DE BRES, TONYA  
573 BOURSE CIRCLE  
LEHIGH ARCES, FL 33974 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: LEONARD DEBRES

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DEBRES, LEONARD  
Address: 2237 SW 15 AVE  
City-St-Zip: CAPE CORAL, FL 33991

Title: STD ( ) Delete  
Name: DEBRES, TONYA  
Address: 2237 SW 15 AVE  
City-St-Zip: CAPE CORAL, FL 33991

Title: D ( ) Delete  
Name: DEBRES, DAVID  
Address: % 2237 SW 15 AVE  
City-St-Zip: CAPE CORAL, FL 33991

Title: D ( ) Delete  
Name: DEBRES, DEBBY  
Address: % 2237 SW 15 AVE  
City-St-Zip: CAPE CORAL, FL 33991

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: DEBRES, LEONARD  
Address: 573 BOURSE CIRCLE  
City-St-Zip: LEHIGH ARCES, FL 33974

Title: STD (X) Change ( ) Addition  
Name: DEBRES, TONYA  
Address: 573 BOURSE CIRCLE  
City-St-Zip: LEHIGH ARCES, FL 33974

Title: D (X) Change ( ) Addition  
Name: DEBRES, DAVID  
Address: 573 BOURSE CIRCLE  
City-St-Zip: LEHIGH ARCES, FL 33974

Title: D (X) Change ( ) Addition  
Name: DEBRES, DEBBY  
Address: 573 BOURSE CIRCLE  
City-St-Zip: LEHIGH ARCES, FL 33974

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.

SIGNATURE: LEONARD DEBRES

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date