FILED May 07, 2008 8:00 am Secretary of State

•	2008 FUK PKUFII CUKPUKATIUI	•
	ANNUAL REPORT	
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DOCUMENT # P07000124285 05-07-2008 90107 001 ***150.00 D.E.B. DIVERSIFIED INC. Mailing Address Principal Place of Business 12112 CLEARBROOK COURT 12112 CLEARBROOK COURT RIVERVIEW, FL 33569 RIVERVIEW, FL 33569 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05052008 CR2E034 (12/06) City & State Applied For City & State 4. FELNumber Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. Street Address (P.O. Box Number is Not Acceptable) 4TH FLOOR MIAMI, FL 33145 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Pegistered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Due by September 12, 2008 Trust Fund Contribution П Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPS TITLE Delete TITI F Change ■ Addition WINCHESTER, DEBRA NAME 12112 CLEARBROOK COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RIVERVIEW, FL 33569 CITY-ST-7/P TITLE Delete TITLE ☐ Change Addition WINCHESTER, DELMAR NAME STREET ADDRESS 12112 CLEARBROOK COURT STREET ADDRESS CITY-ST-ZIP RIVERVIEW, FL 33569 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP upled with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information a 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 stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if I hereby certify that the information sup indicated on this report or supplementa of the corporation or the rece changed, or on an attachme SIGNATURE: