## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000072342

Entity Name: DEB-RIC, INC.

City-St-Zip:

TAMARAC, FL 33321 US

FILED Apr 24, 2006 Secretary of State

•		-,			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	NSET STRIP , FL 33322	US			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	NSET STRIP , FL 33322	US			
FEI Number	: 65-0691532	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	R, ERIC A RAL RIDGE D PRINGS, FL				
	e named entity e of Florida.	y submits this statement for the p	purpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	onic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financi	ing Trust Fund Contribution ( ).			
OFFICER	S AND DIRE	CTORS:	ADDITIONS/CHANGES	S TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	SPECTOR, E 2095 CORAL		Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ECHEVERRIA 2065 CORAL	( ) Delete A, DEBORAH J RIDGE DR NGS, FL 33071 US	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name:	D ( SPECTOR, A		Title: ( Name: Address:	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBORAH ECHEVERRIA SECT 04/24/2006