2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND COLED OFFICER NAME OF SHONING OFFICER OR DIRECTOR

APPHOVEL // Q DOCUMENT # S19641 05 JUL 21 AH 11: 47 1. Entity Name DEBBIE'S REALTY INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 31 HIGHWAY 17 - 92 31 HIGHWAY 17 - 92 US DEBARY, FL 32713 DEBARY, FL 32713 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite, Apt #, etc. CR2E034 (10/03) 07122005 Chg-P Applied For 4. FEI Number City & State City & State 59-3040578 Not Applicable Country Zip Zip Country \$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 HAMILTON, DEBORAH G Street Address (P.O. Box Number is Not Acceptable) 31 HIGHWAY 17 - 92 **DEBARY, FL 32713** 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 11. 10. Delete TITLE TITLE HAMILTON, DEBORAH NAME NAME STREET ADDRESS STREET ADDRESS 31 HIGHWAY 17 - 92 CITY-ST-ZIP DEBARY, FL 32713 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City - ST - ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes I further certify that the information indicated on this report or supplemental 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 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.

22 July 18, 2005 ister,
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l never recieved my bill for this
very sorry as I always pay,
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