

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 571588

Entity Name: DEVSON, INC.

FILED  
Apr 11, 2005  
Secretary of State

**Current Principal Place of Business:**

451 E ALTAMONTE DR  
2353 ALTAMONTE MALL  
ALTAMONTE SPRINGS, FL 327014613

**New Principal Place of Business:**

**New Mailing Address:**

475 MONTGOMERY PLACE  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

451 E ALTAMONTE DR  
2353 ALTAMONTE MALL  
ALTAMONTE SPRINGS, FL 327014613

FEI Number: 59-1826621

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BALANI, KISHORE B.  
365 ALTAMONTE MALL  
ALTAMONTE SPRINGS, FL 32701 US

**Name and Address of New Registered Agent:**

KELLEY, GOLDBERG, LEACH & COHN PL  
475 MONTGOMERY PLACE  
ALTAMONTE SPRINGS, FL 32714 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: STEPHEN COHN

04/11/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BALANI, KISHORE B.,  
Address: 451 E ALTAMONTE DR 2353 ALTAMONTE MALL  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D ( ) Delete  
Name: BALANI, VEENA K.,  
Address: 451 E ALTAMONTE DR 2353 ALTAMONTE MALL  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KISHORE B. BALANI

PD

04/11/2005

Electronic Signature of Signing Officer or Director

Date