

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F06000001926

Entity Name: WESTERN DEVCON, INC.

FILED
May 19, 2009
Secretary of State**Current Principal Place of Business:**10525 VISTA SORRENTO PKWY STE 110
SAN DIEGO, CA 92121**New Principal Place of Business:****Current Mailing Address:**10525 VISTA SORRENTO PKWY STE 110
SAN DIEGO, CA 92121**New Mailing Address:**

FEI Number: 33-0272131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:PARACORP INCORPORATED
236 E 6TH AVE
TALLAHASSEE, FL 32303 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:**Title: DP () Delete
Name: IBE, MICHAEL P
Address: 10525 VISTA SORRENTO PKWY STE 110
City-St-Zip: SAN DIEGO, CA 92121Title: DST () Delete
Name: IBE, JOHN G
Address: 10525 VISTA SORRENTO PKWY STE 110
City-St-Zip: SAN DIEGO, CA 92121**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 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: MICHAEL P. IBE

DP

05/19/2009

Electronic Signature of Signing Officer or Director_____
Date