2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2011
Secretary of State

DOCUMENT# G85637

Entity Name: DEVICE ASSOCIATES CORPORATION OF NEW YORK, INC.

Current Principal Place of Business:

% W. W. EVERETT, JR.
1101 MASSACHUSETTS AVE
ST. CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

% W. W. EVERETT, JR.
1101 MASSACHUSETTS AVE
ST. CLOUD, FL 34769

New Mailing Address:

FEI Number: 16-0961272 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

EVERETT, W. W., JR.
1101 MASSACHUSETT AVE.
ST CLOUD, FL 34769 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: P
Name: EVERETT, W W III
Address: 1160 WALNUT GROVE RD
City-St-Zip: BRIDGEPORT, NY 13030

Title: S
Name: EVERETT, CHERRY S
Address: 1101 MASSACHUSETTS AVE
City-St-Zip: SAINT CLOUD, FL 34769

Title: VPS
Name: EVERETT, ANNETTE M
Address: 1160 WALNUT GROVE RD
City-St-Zip: BRIDGEPORT, NY 13030

Title: VPT
Name: TRAVER, LEANNE E
Address: 68 PORT ROYAL SQUARE
City-St-Zip: PORT ROYAL, VA 22535

Title: CT
Name: EVERETT, W W JR
Address: 1101MASSACHUSETTS AVE
City-St-Zip: ST CLOUDS, FL 34769

I hereby 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 all other like empowered.

SIGNATURE: LEANNE E TRAVER VPT 03/01/2011
Electronic Signature of Signing Officer or Director Date