## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** 01-25-2006 90029 046 \*\*\*150.00 **DOCUMENT # H97933** DEVAL INVESTMENTS, INC. Principal Place of Business Mailing Address % BIPINBHAI R. PATEL % BIPINBHAI R. PATEL 1327 S RIDGEWOOD AVE 1327 S RIDGEWOOD AVE DAYTONA BEACH, FL 32114-6129 DAYTONA BEACH, FL 32114-6129 CR2E034 (11/05) 01232006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2636499 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent\_ PATEL, BIPINBHAI R. DO NOT WRITE 1327 S RIDGEWOOD AVE DAYTONA BEACH, FL 32014 IN THIS SPACE 6. The above named entity submits this statement for the purpose of changing its registered reflice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PATEL, BIPINBHAI NAME STREET ADDRESS 1327 S.RIDGEWOOD AVE. CITY-ST-ZIP DAYTONA BCH., FL ST TITLE PATEL, MADHUBEN NAME STREET ADDRESS 1327 S.RIDGEWOOD AVE. CITY-ST-ZIP DAYTONA BCH., FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 25, 2006 8:00 am