


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 AM
Secretary of State

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| DOCUMENT # K88301 1. Entity Name DEVCO ASSOCIATES, INC. |  |
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| Principal Place of Business 786 WINDFLOWER COURT WELLINGTON, FL 33414 US | Mailing Address 12788 W. FOREST HILL BLVD. STE. #2005 WELLINGTON, FL 33414 US |
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04232007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0122873 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

SPILLANE, J.P., CPA
12788 W. FOREST HILL BLVD., SUITE 2005
WELLINGTON, FL 33414

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST DEVLIN, WILLIAM C. 786 WINDFLOWER COURT WELLINGTON, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP DEVLIN, STEPHANIE 786 WINDFLOWER CT WELLINGTON, FL |
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05/24/07-80044-008 150.00

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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.

SIGNATURE:  DATE: 4/29/07 DAYTIME PHONE #: 861-793-9880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR