

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 08:00 AM
Secretary of State



DOCUMENT # L94508
 1. Entity Name
 DEVCORP OF AMERICA, INC.

Principal Place of Business
 2003 NORTH OCEAN DRIVE
 SUITE 1502
 BOCA RATON, FL 33431-7854

Mailing Address
 2003 NORTH OCEAN DRIVE
 SUITE 1502
 BOCA RATON, FL 33431-7854

DO NOT WRITE IN THIS SPACE



01262005 No Chg-P CR2E034 (10/03)

4. FEI Number
 65-0213835 Applied For
 Not Applicat

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSS, HARRY J.
 1499 W. PALMETTO PARK ROAD, SUITE 168
 BOCA RATON, FL 33486

DO NOT WRITE IN THIS SPACE

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST REINBERG, RICHARD D. 2003 N. OCEAN DR. #1502 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 02/10/05-80064-016 158.75

12. I hereby certify that the information supplied with this filing does not qualify 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 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, will call after, like empowered.

SIGNATURE: **RICHARD D. REINBERG** Jan. 31, 2005 (216) 595-0780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #