



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

| | | | |
|---|---|--|--|
| DOCUMENT # M49928 1. Entity Name DEVIRIN, INC. | |  | |
| Principal Place of Business P.O. BOX 49 MIDDLEBERG, FL 32068 US | | Mailing Address P.O. BOX 49 MIDDLEBURG, FL 32068 US | |
| DO NOT WRITE IN THIS SPACE | | | |
| | |  | |
| | | 04122005 No Chg-P CR2E034 (10/03) | |
| 4. FEI Number 59-1674120 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MAYERS, ALEXANDER 2121 N. OCEAN BLVD. APT. 1007-E BOCA RATON, FL 33431 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | 1100000313381 04/18/05-80118-019 150.00 | |
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GARTNER, MICHAEL 104 WINDMILL CRESCENT MONTREAL, CA | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MAYERS, ALEXANDER 2121 N. OCEAN BLVD 1007E BOCA RATON, FL | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VST MAYERS, LORNE 1002 SHERBROOKE ST. W., SUITE 2625 MONTREAL CANADA, h3a j3l6 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| 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, with all other like empowered. | | | |
| SIGNATURE: <u>M Gartner</u> MICHAEL GARTNER , <u>APRIL 12/05</u> , <u>514-845-0241</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | |