


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 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
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04072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1674120	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

U00000502157
 04/25/06-80094-006 150.00

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 j3t6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *M Gartner* **MICHAEL GARTNER** **APRIL 7/06** **514-845-0241**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #