


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000070282		
1. Entity Name DEVCO TYDE, INC.		

Principal Place of Business PO BOX 61954 FORT MYERS, FL 33906	Mailing Address P O BOX 62126 FT MYERS, FL 33906
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2. Principal Place of Business <i>H631 Blackbird Lane</i> Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State <i>Fort Myers FL.</i>	City & State
Zip <i>33919</i>	Country <i>USA</i>

6. Name and Address of Current Registered Agent MARCHEWKA, RICHARD M 1601 JACKSON STREET FT MYERS, FL 33901		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> Zip Code	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S</i> <i>SMILEY, JOHN N SEC</i> <i>368 NEW YORK DRIVE</i> <i>FORT MYERS, FL 33905</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President / SEC</i> <i>JOHN N. SMILEY</i> <i>14631 Blackbird Lane</i> <i>Fort Myers FL. 33919</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VICE PRESIDENT</i> <i>LAURA OLSEN</i> <i>14631 Blackbird Lane</i> <i>Fort Myers, FL. 33919</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>500057719565</i> <i>07/20/05--01055--009 **61.25</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>07/18</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *JOHN N. SMILEY* *John N. Smiley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-05 *239-690-1456*
Date Daytime Phone #

FILED
05 JUL 12 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06282005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1027344	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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