2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# P01000015386

Entity Name: DEVON HOUSE BRIDAL SERVICES, INC.

Current Principal Place of Business:

3179 FOXWOOD DR.
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

3179 FOXWOOD DR.
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 59-3715818 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, MARCIA J
290 NW 183RD TERR.
MIAMI, FL 33167 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JONES, MARCIA J
Address: 290 NW 183RD TERRACE
City-St-Zip: MIAMI, FL 33167

Title: VD ( ) Delete
Name: CHAMBERS, LISA M
Address: 15302 AMBER BEAM BLVD.
City-St-Zip: WINTER GARDEN, FL 34787

Title: S ( ) Delete
Name: ROBINSON, ROCHELLE
Address: 7616 COUNTRY RUN PARK
City-St-Zip: ORLANDO, FL 32818

Title: SDT ( ) Delete
Name: CHAMBERS, EGBERT R
Address: 3179 FOXWOOD DR
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EGBERT R. CHAMBERS SDT 04/28/2005

Electronic Signature of Signing Officer or Director — Date