## 2006 FOR PROFIT CORPORATION

## Apr 10, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P02000053591** 04-10-2006 90315 018 \*\*\*150.00 1. Entity Name DEVILLIERS, INC. OUVAULUG Principal Place of Business Mailing Address 520 EAST BRANDON BLVD. 520 EAST BRANDON BLVD. BRANDON, FL 33511 BRANDON, FL 33511 No Chg-P CR2E034 (11/05) 01272006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3664669 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LAWSON, MONICA DO NOT WRITE 2403 STATE ST TAMPA, FL 33609 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE WILLIERS, JASON NAME 520 EAST BRANDON BLVD STREET ADDRESS CITY-ST-ZIP BRANDON, FL 33511 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

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

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**