## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 22, 2006 8:00 am Secretary of State

| DOCUMENT # P02000081741  1. Entity Name DEVEN & DAMIAN CORP.   |                                      |  |  | 03-22-2006 90007 044 ***150.00 |               |   |                                  |
|--|--------------------------------------|--|--|--------------------------------|---------------|---|----------------------------------|
| Principal Place of Business P.O. BOX 245236 PEMBROKE PINES, FL 33024 PEMBROKE PINES, FL 33024 PEMBROKE PINES, FL 33024 PEMBROKE PINES, FL 33024  |                                      | 36   |  | <b>.</b> -                     |               |   |                                  |
|  |                                      | 33024  |  | ris.                           |               |   |                                  |
| Principal Place of Business     3. Mailing Address   |                                      |  | · ·  |                                |               |   |                                  |
| Suite, Apt. #, etc. Suite, Apt. #, etc.  |                                      |  |  |                                |               |   |                                  |
| ;  |                                      |  |  | 03132006                       | Chg-P         | CR2E034 (11/05)   | ·                                |
| •  |                                      |  |  | 4. FEI Number 32-00250         | 080           | N   | pplied For<br>ot Applicable      |
| Zip Country  | Zip                                  | Country  |  | 5. Certificate of              |               | See Require   |                                  |
| 6. Name and Address of Current Registered Agent  MERAS, AURORA  841 N. 71ST AVENUE  HOLLYWOOD, FL 33024  |                                      |  | 7. Name and Address of New Registered Agent Name                                   |                                |               |   |                                  |
|  |                                      |  | Street Address (P.O. Box Number is Not Acceptable)                                 |                                |               |   |                                  |
|  |                                      |  |  |                                |               |   |                                  |
| n '  |                                      |  | City   |                                |               | FL Zip Coo  |                                  |
| 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)  DATE   |                                      |  |  |                                |               |   |                                  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 Fee will be \$550.  | 9. Election Campaig Trust Fund Contr |  | ncing \$5.   | .00 May Be<br>ed to Fees       |               |   |                                  |
| 10. OFFICERS AND   | DIRECTORS  Delete                    | 11.  |  | ADDITIONS/C                    | HANGES TO OFF | ICERS AND DIRECTOF  | RS IN 11                         |
| NAME MERAS, AURORA STREET ADDRESS P.O. BOX 245236  | _ book                               | NAM  | 1  |                                |               |   |                                  |
| CITY-ST-ZIP PEMBROKE PINES, FL 33024   |                                      | CIDI   |  |                                |               |   |                                  |
| T EMBRORET MEO, TE 00024   |                                      |  | -ST-ZIP  |                                |               |   |                                  |
| TITLE VSD NAME MERAS, GERERDO  | ☐ Delete                             | CITY   | -ST-ZIP  |                                |               | ☐ Change  | ☐ Addition                       |
| TITLE VSD  NAME MERAS, GERERDO  STREET ADDRESS P.O. BOX 245236   | ☐ Delete                             | CITY<br>TITLE<br>NAM<br>STRE   | -ST-ZIP E IE EET ADDRESS   |                                |               | ☐ Change  |                                  |
| TITLE VSD  NAME MERAS, GERERDO  STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33024  TITLE   | ☐ Delete                             | CITY TITLE NAM STRE CITY   | -ST-ZIP E  EET ADDRESS -ST-ZIP  E  |                                |               | ☐ Change  |                                  |
| TITLE VSD  NAME MERAS, GERERDO  STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33024  |                                      | CITY TITLE NAM STRE CITY TITLE   | -ST-ZIP E  EET ADDRESS -ST-ZIP  E  |                                |               |   | ☐ Addition                       |
| TITLE VSD  NAME MERAS, GERERDO  STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33024  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  | □ Delete                             | CITY TITLE NAM STRE CITY TITLE NAM STRE CITY   | -ST-ZIP  EE  EE  ADDRESS -ST-ZIP  EE  EET ADDRESS -ST-ZIP                          |                                |               | ☐ Change  | ☐ Addition☐ Addition☐            |
| TITLE VSD MERAS, GERERDO STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33024  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME  |                                      | CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM NAM   | -ST-ZIP  E  EET ADDRESS -ST-ZIP  E  EET ADDRESS -ST-ZIP  E  EET ADDRESS -ST-ZIP  E |                                |               |   | ☐ Addition                       |
| TITLE VSD MERAS, GERERDO STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33024  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE   | □ Delete                             | CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE  | -ST-ZIP  E  EET ADDRESS -ST-ZIP  E  EET ADDRESS -ST-ZIP  E  ET ADDRESS             |                                |               | ☐ Change  | ☐ Addition☐ Addition☐            |
| TITLE VSD MERAS, GERERDO STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33024  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP   | □ Delete                             | CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE  | -ST-ZIP E E E E E E E E E E E E E E E E E E E                                      |                                | _             | ☐ Change  | ☐ Addition☐ Addition☐            |
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| TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE   | Delete                               | CITY TITLE NAM STRE CITY | -ST-ZIP  E  E  E  E  E  E  E  E  E  E  E  E  E                                     |                                |               | ☐ Change  | ☐ Addition ☐ Addition ☐ Addition |
| TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  | Delete  Delete                       | CITY TITLE NAM STRE CITY                     | -ST-ZIP  E  E  E  E  E  E  E  E  E  E  E  E  E                                     |                                |               | ☐ Change☐ Cha | Addition  Addition  Addition     |

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 Mora (AURORA Meras) President 3/17/06

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Date Dayline Phone #