

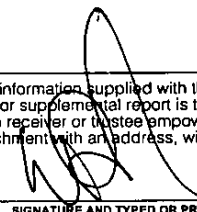


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90347 049 ***150.00

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|--|---|--|---|---|--|
| DOCUMENT # P04000157631 1. Entity Name REY DEVCO, INCORPORATED | | | |  | |
| Principal Place of Business 233 S. SEMORAN BLVD ORLANDO, FL 32807 | | | Mailing Address 233 S. SEMORAN BLVD ORLANDO, FL 32807 | | |
| 2. Principal Place of Business 976 Lake Baldwin Suite, Apt. #, etc. Suite 201 | | 3. Mailing Address 976 Lake Baldwin Suite, Apt. #, etc. Suite 201 | |  | |
| City & State Orlando | | City & State Orlando | | 4. FEI Number 20-1895833 | |
| Zip 32814 | | Country ORANGE | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MARCHENA, MARCOS R 233 S. SEMORAN BLVD ORLANDO, FL 32807 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 976 Lake Baldwin LN Suite 201 City Orlando FL Zip Code 32814 | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P REY, WALTER A 233 S. SEMORAN BLVD ORLANDO, FL 32807 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP REY, ISABEL M 233 S. SEMORAN BLVD ORLANDO, FL 32807 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S REY, ISABEL M 233 S. SEMORAN BLVD ORLANDO, FL 32807 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| 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:  Walter A Rey 4/27/06 407 281 6665 | | | | | |