2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000161106

1. Entity Name



FILED Apr 26, 2006 8:00 am Secretary of State

04-26-2006 90200 045 ***150.00

DEVIN IN	DUSTRIES, INC.			
Principal Plac 430 297H S NAPLES, FL	REET N.W.	Mailing Address 430-29TH STREET N.W. NAPLES, FL 34120-		The little is the substitution in the substitution is substitution in the substitution in
2. Principal P	lace of Business 5 Collie- Blud	3. Mailing Address /5275 Co	Ilie- Blue	•
201-	<u> </u>	201-29=	7-	04182006 Chg-P CR2E034 (11/05)
City & State		City & State	How! Ja	4. FEI Number Applied Fc 20 - 419 268 7 Not Applie
3 4119	Country	34119	Country	5. Certificate of Status Desired \$8.75 'Additional Fee Required
	6. Name and Address of Current F	Registered Agent	Name	7. Name and Address of New Registered Agent
STEWART	T, JR., JAMES C T& STORTER, ATTORNEYS A 2. 9130 GALLERIA COURT FL 34109	T LAW		ddress (P.O. Box Number is Not Acceptable)
	named entity submits this statement for ions of registered agent. Signature Types of printed name of registered agent a	Jan	es C. Sto	registered agent, or both, in the State of Fibrida. I am familiar with, and acc
	Signatura Appea of philade none of registation again a			
After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0		bution.	\$5.00 May Be Added to Fees
10. TITLE	OFFICERS AND I	DIRECTORS Delete	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D/ P/ T
NAME STREET ADDRESS CITY-ST-ZIP	DEFEO, DARREN 430 29TH STREET N.W. NAPLES, PL 34120	LI Delete	NAME STREET ADDRESS	15275 Collier Blud, #201-297 Nepley, FC 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, ROLANDO 460 29TH STREET N.W. NAPLES, FL 34120	Delete >		D/VP/T Collier Dlus., #201-29
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ O∈lete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad

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 informati indicated on this report or suppliemental 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 direct of the corporation or the receiver or tustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with all address, with all other like empowered.

CICKIATUDE.