2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000115338

Entity Name: DEVI MART INC.

FILED May 05, 2008 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of | New Principal Place of Business: | |
|---|--|--|--------------------------------------|--|--|
| | FERSON ST. | | | | |
| • | | | Nove Bilailing Address | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| 307 E. JEF QUINCY, F | FERSON ST. FL 32351 | | | | |
| FEI Number: | 26-1269839 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired (X) | |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | | | |
| NAIDU, PA 84 HOMER QUINCY, F | | S | | | |
| The above in the State | | submits this statement for the pur | pose of changing its registered | office or registered agent, or both, | |
| SIGNATUR | ρĘ. | | | | |
| Electronic Signature of Registered Agent | | | <u> </u> | Date | |
| | | 3(2)(b), F.S., the corporation did not r Trust Fund Contribution (). | eceive the prior notice. | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PDT () NAIDU, PARAM 84 HOMER WA QUINCY, FL 32 | Y | Title: (Name: Address: City-St-Zip: |) Change () Addition | |
| Title: Name: Address: City-St-Zip: | VDS () NAIDU, CLYDE 84 HOMER WA QUINCY, FL 32 | Y | Title: (Name: Address: City-St-Zip: |) Change () Addition | |
| Title: Name: Address: City-St-Zip: | SD () NAIDU, CLYDE 84 HOMER WA QUINCY, FL 32 | Υ | Title: (Name: Address: City-St-Zip: |) Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PARAMAGURU NAIDU PDT 05/05/2008