## **2006 FOR PROFIT CORPORATION**

## FILED Jun 12, 2006 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P94000013321 DEVEAU ENGINEERING, INC. Principal Place of Business Mailing Address 2691 NE 19 STREET 2691 NE 19 STREET POMPANO BEACH, FL 33062 US POMPANO BEACH, FL 33062 06082006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0474492 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEVEAU, EDDIE W DO NOT WRITE 2691 NE 19 STREET POMPANO BEACH, FL 33062 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) ----FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees Due by September 6, 2006 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ÎITLE NAME DEVEAU, EDDIE W U00000567082 06/12/06-80007-021 150.00 STREET ADDRESS **2691 NE 19 STREET** CITY-ST-ZIP POMPANO BEACH, FL 33062 TITLE DEVEAU, KAREN Z NAME STREET ADDRESS 2691 NE 19TH ST CITY-ST-ZIP POMPANO BEACH, FL 33062 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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.

TITLE --NAME

CITY-ST-ZIP

SIGNATOR AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Davilma Phone #