

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 24, 2007 8:00 am
Secretary of State

07-24-2007 90040 034 ***158.75

DOCUMENT # P97000049675

1. Entity Name
DEVOCEAN, INC.



Principal Place of Business
**12189 US HWY 1
NORTH PALM BEACH, FL 33408**

Mailing Address
**237 RILYN DRIVE
WEST PALM BEACH, FL 33405**

40126042



07092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HAMILTON, AMELIA
237 RILYN DRIVE
WEST PALM BEACH, FL 33405**

**DO NOT WRITE
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 *A. Hamilton*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/1/07

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HAMILTON, AMELIA 237 RILYN DRIVE WEST PALM BEACH, FL 33405 <i>Change address</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hamilton, Amelia 1200 Gulfstream Way Singer Island, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *A. Hamilton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/1/07 561 625-9283

ATTACHMENT

40126841
997 000049675

To whom it May Concern,

I, Amelia Hamilton, have recently
been divorced, and changed/forwarded
my address. I have not Received
much of my Mail. I Recently
Realized that I had not Paid my
Annual Report. Please Accept my
payment of \$150.00 + Cost of Status \$8.75.
to Reinstat Devocan, Inc.

Sincerely,

Amelia Hamilton