

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V36270

FILED
Aug 31, 2005
Secretary of State

Entity Name: DEVEK PERFORMANCE PRODUCTS, INCORPORATED

Current Principal Place of Business:

248 HARBOR BLVD
BELMONT, CA 94002 US

New Principal Place of Business:

837 2ND AVENUE
REDWOOD CITY, CA 94063 US

Current Mailing Address:

2341 FOXWORTH DR.
PANAMA CITY, FL 32405 US

New Mailing Address:

FEI Number: 59-3120369 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

EKMAN, LEONARD C
2341 FOXWORTH DRIVE
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EKMAN, LEONARD C
Address: 2341 FOXWORTH DRIVE
City-St-Zip: PANAMA CITY, FL 32405

Title: VD () Delete
Name: THOMAS, MARC M
Address: 248 HARBOR BLVD.
City-St-Zip: BELMONT, CA 94002

Title: STD () Delete
Name: THOMAS, SUSAN KIRBY
Address: 248 HARBOR BLVD.
City-St-Zip: BELMONT, CA 94002

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: THOMAS, MARC M
Address: 837 2ND AVENUE
City-St-Zip: REDWOOD CITY, CA 94063

Title: STD (X) Change () Addition
Name: THOMAS, SUSAN K
Address: 837 2ND AVENUE
City-St-Zip: REDWOOD CITY, CA 94063

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LEONARD C. EKMAN

PD

08/31/2005

Electronic Signature of Signing Officer or Director

_____ Date