


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2008 8:00 am**  
**Secretary of State**

02-05-2008 90006 046 \*\*\*150.00

<b>DOCUMENT # F03000004505</b> 1. Entity Name <b>DEVENNEY GROUP, LTD. CORPORATION</b>	
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Principal Place of Business <b>1500 E. BETHANY HOME ROAD, #200 PHOENIX, AZ 85014</b>	Mailing Address <b>1500 E. BETHANY HOME ROAD, #200 PHOENIX, AZ 85014</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01282008 Chg-P CR2E034 (12/06)

4. FEI Number <b>86-0824533</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution: ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEVENNEY, EDMAN L. 1500 E. BETHANY HOME ROAD, #200 PHOENIX, AZ 85014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOLDBERG, GARY R 1500 E. BETHANY HOME ROAD, #200 PHOENIX, AZ 85014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOOK, CAROL 1500 E. BETHANY HOME ROAD, #200 PHOENIX, AZ 85014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Mook, Carol 1500 E. Bethany Hm. Rd., Ste. #200 Phoenix, AZ 85014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STACK, STEPHEN J 1500 E. BETHANY HOME ROAD, #200 PHOENIX, AZ 85014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SD Stack, Stephen J. 1500 E. Bethany Hm. Rd., Ste. #200 Phoenix, AZ 85014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOBLEY, JAMES 1500 E BETHANY HM RD, STE 200 PHOENIX, AZ 85014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VPD Mobley, James W. 1500 E. Bethany Hm. Rd., Ste. #200 Phoenix, AZ 85014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOSCAVIO, ANTHONY 1500 E BETHANY HM. RD. ,STE 200 PHOENIX, AZ 85014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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: Carol Mook Carol Mook January 29, 2008 (602) 943-8950  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #