

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000082990

FILED  
Feb 28, 2007  
Secretary of State

Entity Name: DEVERE AND PARTNERS, INC.

**Current Principal Place of Business:**

C/O CARLTON FIELDS, P.A./ANDREW J MARKUS  
100 SE 2 STREET STE 4000  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CARLTON FIELDS, P.A./ANDREW J MARKUS  
100 SE 2 STREET STE 4000  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 98-0474981      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CFRA, LLC  
CORPORATE CENTER THREE AT INT'L PLAZA  
4221 W. BOY SCOUT BLVD, 10TH FLOOR  
TAMPA, FL 336075736 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: DP ( ) Delete  
Name: COOPER, DAVID  
Address: REGENCY CT PLAZA 206, WESTBAY RD., 576  
City-St-Zip: GEORGE TOWN, GRAND CAYMAN, WI OC

Title: DVPT ( ) Delete  
Name: GREEN, NIGEL  
Address: 3CR34, SEASIDE PLAZA, 4, AVENUE DES LIGURE  
City-St-Zip: S, MONACO MC 98000, OC OC

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID COOPER

DP

02/28/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date