2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001915

City-St-Zip:

IRVING, TX 75063

Entity Name: DEPLOYMENT PARTNERS, INC.

FILED Mar 01, 2005 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place of Business:			
9400 MAC IRVING, T	ARTHUR BLV X 75063	D STE 637				
Current Mailing Address:			New Mailing Address:			
	OSWORTH PK ISTER, CO 80					
FEI Number: 75-2834157 FEI Number Applied For ()			FEI Number Not Applicable ()		Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:			
	E, TERRENCE HT HARBOR I FL 34112 U					
The above in the State	named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATUI	RE:					
	Electron	nic Signature of Registered Age	ent	nt Date		
Election Ca	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	STOUT, DEBBI	HUR BLVD STE 637	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	P (GRAVES, RAN 1615 SOUTH 3 SPRINGVILLE,	50 EAST	Title: Name: Address: City-St-Zip:	P GRAVES, RA 474 W. BIRO MAPLETON,	CH CIRCLE	
Title: Name: Address: City-St-Zip:	VP (BARNICLE, SE 2715 S BAMBY ATLANTA, GA	,	Title: Name: Address: City-St-Zip:	VP BARNICLE, 383 CANYOI GOLDEN, CO	N POINT CIRCLE	
Title: Name: Address:	STOUT, MICHA) Delete IEL POINT CIRCLE	Title: Name: Address:		() Change () Addition	

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.

City-St-Zip:

SIGNATURE: RANDY GRAVES P 03/01/2005