## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000001915

Entity Name: DEPLOYMENT PARTNERS, INC.

FILED Apr 16, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9400 MACARTHUR BLVD STE 637 IRVING, TX 75063

Current Mailing Address: New Mailing Address:

9975 WADSWORTH PKWY, K2-148 WESTMINSTER, CO 80021

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:

BARNICLE, TERRENCE M
4650 YACHT HARBOR DR
NAPLES, FL 34112 US
EVANS, JODY
7071 MARISSA POINT LANE
MILTON, FL 32570 US

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: JODY EVANS 04/16/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S () Delete Title: P (X) Change () Addition

 Name:
 STOUT, DEBBIE
 Name:
 GRAVES, RANDY

 Address:
 9400 MACARTHUR BLVD STE 637
 Address:
 474 W. BIRCH CIRCLE

 City-St-Zip:
 IRVING, TX 75063
 City-St-Zip:
 MAPLETON, UT 84664

Title: P ( ) Delete Title: T (X) Change ( ) Addition

Name: GRAVES, RANDY Name: WILLIAMS, VICKI

Address: 474 W. BIRCH CIRCLE Address: 9975 WADSWORTH PKWY, K2-148

City-St-Zip: MAPLETON, UT 84663 City-St-Zip: WESTMINSTER, CO 80021

Title: VP (X) Delete Title: ( ) Change ( ) Addition

 Name:
 BARNICLE, SEAN T
 Name:

 Address:
 383 CANYON POINT CIRCLE
 Address:

 City-St-Zip:
 GOLDEN, CO 80403
 City-St-Zip:

Title: T (X) Delete Title: ( ) Change ( ) Addition

 Name:
 STOUT, MICHAEL
 Name:

 Address:
 9016 CROWN POINT CIRCLE
 Address:

 City-St-Zip:
 IRVING, TX 75063
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: VICKI WILLIAMS T 04/16/2008