

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000975

FILED  
May 16, 2006  
Secretary of State

Entity Name: DEVERE CAPITAL CORPORATION

**Current Principal Place of Business:**

105 EARHART DRIVE, SUITE #100  
WILLIAMSVILLE, NY 14221

**New Principal Place of Business:**

**Current Mailing Address:**

105 EARHART DRIVE, SUITE #100  
WILLIAMSVILLE, NY 14221

**New Mailing Address:**

FEI Number: 16-1222429

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MALLIA, LINDA C  
Address: 105 EARHART DRIVE, SUITE #100  
City-St-Zip: WILLIAMSVILLE, FL

Title: DST ( ) Delete  
Name: BORON, MICHAEL  
Address: 105 EARHART DRIVE, SUITE #100  
City-St-Zip: WILLIAMSVILLE, NY 14221

Title: C ( ) Delete  
Name: HUNT, PETER F  
Address: 105 EARHART DRIVE, SUITE #100  
City-St-Zip: WILLIAMSVILLE, NY 14221

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

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

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: LINDA C. MALLIA

PD

05/16/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date