


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90009 043 ***150.00

DOCUMENT # F05000000975		
1. Entity Name DEVERE CAPITAL CORPORATION		

Principal Place of Business 105 EARHART DRIVE, SUITE #100 WILLIAMSVILLE, NY 14221	Mailing Address 105 EARHART DRIVE, SUITE #100 WILLIAMSVILLE, NY 14221
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40023032

2. Principal Place of Business - No P.O. Box # 5400 Broadway Street	3. Mailing Address 5400 Broadway Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.



02072008 Chg-P CR2E034 (12/06)

City & State Lancaster NY	City & State Lancaster NY
Zip 14086	Country USA

4. FEI Number 16-1222429	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALLIA, LINDA C 105 EARHART DRIVE, SUITE #100 WILLIAMSVILLE, NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5400 Broadway Street Lancaster NY 14086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BORON, MICHAEL 105 EARHART DRIVE, SUITE #100 WILLIAMSVILLE, NY 14221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5400 Broadway Street Lancaster NY 14086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HUNT, PETER F 105 EARHART DRIVE, SUITE #100 WILLIAMSVILLE, NY 14221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5400 Broadway Street Lancaster NY 14086
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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: Linda C Mallia **Linda C Mallia** **2/7/08** **716 6333700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #