

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90002 013 \*\*\*150.00

<b>DOCUMENT # F99000005153</b>					
<b>1. Entity Name</b> DESERT COMMUNICATIONS VII, INC.					
<b>Principal Place of Business</b> 4800 N SCOTTSDALE RD 4E80 SCOTTSDALE, AZ 85251			<b>Mailing Address</b> 4800 N SCOTTSDALE RD 4E80 SCOTTSDALE, AZ 85251		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02062006    Chg-P    CR2E034 (11/05)	
<b>4. FEI Number</b> 86-0877467				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
Signature, typed or printed name of registered agent and title if applicable.					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> CEO <b>NAME</b> MARA, THOMAS E <b>STREET ADDRESS</b> 315 PARK AVE. SOUTH, FLOOR 20 <b>CITY-ST-ZIP</b> NEW YORK, NY 100103607	<input type="checkbox"/> Delete		<b>TITLE</b> Director <b>NAME</b> Richard A Ross <b>STREET ADDRESS</b> 4800 N Scottsdale Rd <b>CITY-ST-ZIP</b> Scottsdale, AZ 85251	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DCOF <b>NAME</b> GRAY, GLENN E <b>STREET ADDRESS</b> 4800 N SCOTTSDALE ROAD <b>CITY-ST-ZIP</b> SCOTTSDALE, AZ 852517623	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> Vice President <b>NAME</b> Pamela M Hart <b>STREET ADDRESS</b> 4800 N Scottsdale Rd <b>CITY-ST-ZIP</b> Scottsdale AZ 85251	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SVP <b>NAME</b> LIEBERMAN, RICHARD <b>STREET ADDRESS</b> 4800 N SCOTTSDALE ROAD <b>CITY-ST-ZIP</b> SCOTTSDALE, AZ 85251	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> AS <b>NAME</b> HARNESS, JILL R <b>STREET ADDRESS</b> 4800 N SCOTTSDALE ROAD <b>CITY-ST-ZIP</b> SCOTTSDALE, AZ 85251	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> AS <b>NAME</b> HARNESS, JILL R <b>STREET ADDRESS</b> 4800 N SCOTTSDALE ROAD <b>CITY-ST-ZIP</b> SCOTTSDALE, AZ 85251	<input type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> STEINBERG, JOSEPH S <b>STREET ADDRESS</b> 315 PARK AVE. SOUTH, FLOOR 20 <b>CITY-ST-ZIP</b> NEW YORK, NY 100103607	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> AS <b>NAME</b> WETHOR, ELIZABETH A <b>STREET ADDRESS</b> 4800 N SCOTTSDALE ROAD <b>CITY-ST-ZIP</b> SCOTTSDALE, AZ 85251	<input type="checkbox"/> Delete		<b>TITLE</b> AS <b>NAME</b> WETHOR, ELIZABETH A <b>STREET ADDRESS</b> 4800 N SCOTTSDALE ROAD <b>CITY-ST-ZIP</b> SCOTTSDALE, AZ 85251	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Elizabeth A. Wethor</i>			<b>Assistant Secretary</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 2/8/06    Daytime Phone #: 480-636-5190		