2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000092540

Entity Name: DEER VALLEY CORPORATION

FILED Apr 24, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4904 EISENHOWER BLVD., SUITE 185 TAMPA, FL 33634 **Current Mailing Address: New Mailing Address:** 4904 EISENHOWER BLVD., SUITE 185 TAMPA, FL 33634 FEI Number: 20-5256635 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: JONES, BRENT 220 SOUTH FRANKLIN STREET TAMPA, FL 33634 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition MASTERS, CHARLES G Name: Name: MASTERS, CHARLES G 4904 EISENHOWER BLVD., SUITE 185 4904 EISENHOWER BLVD., SUITE 185 Address: Address: City-St-Zip: TAMPA, FL 33634 City-St-Zip: TAMPA, FL 33634 () Delete Title: Title: () Change (X) Addition Name: Name: LOGAN, JOEL S III 4904 EISENHOWER BLVD., SUITE 185 Address: Address: TAMPA, FL 33634 City-St-Zip: City-St-Zip: D () Change (X) Addition MURPHREE, CHARLES L JR. Title: Title: () Delete Name: Name: 4904 EISENHOWER BLVD., SUITE 185 Address Address: City-St-Zip: City-St-Zip: TAMPA, FL 33634 Title: () Delete Title: () Change (X) Addition LAWLER, JOHN S Name: Name: Address: Address: 4904 EISENHOWER BLVD., SUITE 185 City-St-Zip: City-St-Zip: TAMPA, FL 33634 Title: Title: () Change (X) Addition () Delete HANS, BEYER C Name: Name: Address: 4904 EISENHOWER BLVD., SUITE 185 Address: City-St-Zip: City-St-Zip: TAMPA, FL 33634 Title: () Delete Title: () Change (X) Addition PHILLIPS, DALE E Name: Name: 4904 EISENHOWER BLVD., SUITE 185 Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33634

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: CHARLES G. MASTERS P 04/24/2007