2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000627

Entity Name: DESERT PLAINS, INC.

FILED Feb 03, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
12153 MOLINE STREET HENDERSON, CO 80640				12331 PEORIA STREET HENDERSON, CO 80640		
Current Mailing Address:				New Mailing Address:		
12153 MOLINE STREET HENDERSON, CO 80640				12331 PEORIA STREET HENDERSON, CO 80640		
FEI Number: 84-1479731 FEI Number Applied For () FEI N			FEI Nun	Imber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
1333 N. DU TALLAHAS	JVALL ST SSEE, FL 3230 named entity s	H SOLUTIONS, INC. US ubmits this statement for the pu	rpose o	f changing it	ts registered office	e or registered agent, or both,
SIGNATUR	RE:					
Electronic Signature of Registered Agent						Date
Election Cam	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () SHIPPY, CANNO 14610 LANEWO BRIGHTON, CO	OOD ST.		Title: Name: Address: City-St-Zip:	P (X) Cha SHIPPY, CANNON I 1192 SAND PIPER BRIGHTON, CO 80	LN
Title: Name: Address: City-St-Zip:	VP () SHIPPY, ROBE 417 S. BONITO GILBERT, AZ 8	DR.		Title: Name: Address: City-St-Zip:	() Cha	ange () Addition
Title: Name: Address: City-St-Zip:	S () TARABA, KATHI 29455 KENNED CONIFER, CO	Y GULCH		Title: Name: Address: City-St-Zip:	() Cha	ange () Addition
Title: Name: Address: City-St-Zip:	T () SHIPPY, ROBEI 417 SO. BONITO GILBERT, AZ 8	D DR.		Title: Name: Address: City-St-Zip:	() Cha	ange () Addition
Title: Name: Address: City-St-Zip:	D () SHIPPY, SHELE 14021 COUNTR BRIGHTON, CO	Y HILLS DR.		Title: Name: Address: City-St-Zip:	() Cha	ange () Addition
Title: Name: Address: City-St-Zip:	D () TARABA, KATHI 29455 KENNED CONIFER, CO			Title: Name: Address: City-St-Zip:	() Cha	ange () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CANNON L. SHIPPY PRES 02/03/2005