

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000627

Entity Name: DESERT PLAINS, INC.

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

12331 PEORIA STREET
HENDERSON, CO 80640

New Principal Place of Business:

Current Mailing Address:

12331 PEORIA STREET
HENDERSON, CO 80640

New Mailing Address:

FEI Number: 84-1479731

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHIPPY, CANNON L
Address: 1192 SAND PIPER LN
City-St-Zip: BRIGHTON, CO 80601

Title: VP () Delete
Name: SHIPPY, ROBERT P
Address: 417 S. BONITO DR.
City-St-Zip: GILBERT, AZ 85233

Title: S () Delete
Name: TARABA, KATHLEEN M
Address: 29455 KENNEDY GULCH
City-St-Zip: CONIFER, CO 80433

Title: T () Delete
Name: SHIPPY, ROBERT P
Address: 417 SO. BONITO DR.
City-St-Zip: GILBERT, AZ 85233

Title: D () Delete
Name: SHIPPY, SHELDON H
Address: 14021 COUNTRY HILLS DR.
City-St-Zip: BRIGHTON, CO

Title: D () Delete
Name: TARABA, KATHLEEN
Address: 29455 KENNEDY GULCH
City-St-Zip: CONIFER, CO

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:

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 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: KATHLEEN M TARABA

SECR

01/14/2009

Electronic Signature of Signing Officer or Director

Date