No. C 160699		Annual Report Form 1. Mailing Address: Correct in this box if needed. DAVTRACORP, INC. 1527 DRAGONFLY PL EAGLE ID 83616		2.	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF					TRACY M MORRIS 1527 DRAGONFLY PL EAGLE ID 83616 3. New Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).								
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
PRESIDENT	TRACY M M	10RRIS	1527 DRAGONFLY PL	E	EAGLE	ID	USA	83616
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Tara O'Connor			Date: 04/09/2009			
C 160699		Name (type or print): Tara O'Connor			Title: Cpa			
Processed 04/09/2009 * Electronically provided signatures are accepted as original signatures.								