

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002938

FILED
Jan 26, 2006
Secretary of State

Entity Name: DIVERSIFIED TECHNOLOGY CONSULTANTS, INC.

Current Principal Place of Business:

556 WASHINGTON AVE
NORTH HAVEN, CT 06473

New Principal Place of Business:

Current Mailing Address:

556 WASHINGTON AVE
NORTH HAVEN, CT 06473

New Mailing Address:

FEI Number: 06-1011119 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CFOT () Delete
Name: MURALI, ATLURU
Address: 93 HIGHLAND PARK RD
City-St-Zip: NORTH HAVEN, CT 06473

Title: COBD () Delete
Name: MURALI, ATLURU
Address: 93 HIGHLAND PARK RD
City-St-Zip: NORTH HAVEN, CT 06473

Title: SCPS () Delete
Name: ATLURU, LEELA
Address: 93 HIGHLAND PARK RD
City-St-Zip: NORTH HAVEN, CT 06473

Title: SVPD () Delete
Name: ATLURU, LEELA
Address: 93 HIGHLAND PARK RD
City-St-Zip: NORTH HAVEN, CT 06473

Title: PCOO () Delete
Name: ATLURU, SAILESH
Address: 20 LANCELOT DR
City-St-Zip: NORTH HAVEN, CT 06473

Title: VP () Delete
Name: CURTIS, A. GRAHAM
Address: 60 DEVONSHIRE LANE
City-St-Zip: MADISON, CT 06443

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 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: LEELA ATLURU

Electronic Signature of Signing Officer or Director

SVPD

01/26/2006

Date