

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H05393

FILED
Jan 04, 2006
Secretary of State

Entity Name: DIVERSIFIED DIVING SERVICE, INC.

Current Principal Place of Business:

C/O STEVEN SAUNDERS
390 NE 51 CT
FT LAUDERDALE, FL 33334

Current Mailing Address:

C/O STEVEN SAUNDERS
390 NE 51 CT
FT LAUDERDALE, FL 33334

FEI Number: 59-2416874

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

C/O STEPHEN SAUNDERS
5190 NW 1 AVE
FT LAUDERDALE, FL 33309

New Mailing Address:

C/O STEPHEN SAUNDERS
5190 NW 1 AVE
FT LAUDERDALE, FL 33334

Name and Address of Current Registered Agent:

SAUNDERS, STEVEN
5190 NW 1 AVE
FT LAUDERDALE, FL 33309 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: PVST () Delete
Name: SAUNDERS, STEVEN
Address: 5190 N.W. 1 AVENUE
City-St-Zip: FT.LAUDERDALE, FL

Title: D () Delete
Name: SAUNDERS, STEVEN
Address: 5190 N.W. 1ST AVE.
City-St-Zip: FT. LAUDERDALE, FL

Title: VP () Delete
Name: SANDERS, SUZANNE
Address: 390 NE 51CT
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: S () Delete
Name: SANDERS, SANDY
Address: 390 NE 51CT
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: SAUNDERS, STEPHEN J MR
Address: 5190 N.W. 1 AVENUE
City-St-Zip: FT.LAUDERDALE, FL

Title: D (X) Change () Addition
Name: SAUNDERS, STEPHEN J MR
Address: 5190 N.W. 1ST AVE.
City-St-Zip: FT. LAUDERDALE, FL

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: STEPHEN J SAUNDERS

PRES

01/04/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date