

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H05393

FILED
Jan 04, 2012
Secretary of State

Entity Name: DIVERSIFIED DIVING SERVICE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

C/O STEPHEN SAUNDERS
650 SE 7 AVE
POMPANO BEACH, FL 33060

FEI Number: 59-2416874

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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

OFFICERS AND DIRECTORS:

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: STEPHEN SAUNDERS

PRES

01/04/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date