


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 A
Secretary of State

DOCUMENT # 275404 1. Entity Name DIFFLEY-WRIGHT CORPORATION.	
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Principal Place of Business 1891 PORTER LAKE DR. SUITE 106 SARASOTA, FL 34240	Mailing Address 1891 PORTER LAKE DR. SUITE 106 SARASOTA, FL 34240
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DO NOT WRITE IN THIS SPACE



01192007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1033117	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REYNOLDS, JOSHUA
1891 PORTER LAKE DR.
SUITE 106
SARASOTA, FL 34240

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DIFFLEY, PATRICK J. 1891 PORTER LAKE DR. STE 106 SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIFFLEY, KEVIN J. 1891 PORTER LAKE DR. STE 106 SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REYNOLDS, JUDITH A 1891 PORTER LAKE DR. STE 106 SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIFFLEY, GERALDINE R 1891 PORTER LAKE DR. STE 106 SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSM PROFFITT, BRENT 1891 PORTER LAKE DR. STE 106 SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/20/07-80019-015 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other lines empowered.

SIGNATURE: Judith A Reynolds Judith A. Reynolds 2/8/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #