2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
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1. Entity Name
DIVERSIFIED PRODUCTS, INC., OF MARTIN COUNTY

Principal Place of Business	Mailing Address
3201 SE BRIERWOOD PL STUART, FL 34997 US	3201 SE BRIERWOOD PL STUART, FL 34997 US

DO NOT WRITE IN THIS SPACE

02082007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1905949
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

INGRAM & WAGNER
11130 S.E. FEDERAL HIGHWAY
HOBE SOUND, FL 33455

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PD
NAME	FREUDENBERG, CHARLES
STREET ADDRESS	3201 SE BRIERWOOD PL
CITY-ST-ZIP	STUART, FL 34997
TITLE	SDT
NAME	FRIUDENGBERG, CHARLES
STREET ADDRESS	3201 ST BRIERWOOD PL
CITY-ST-ZIP	STUART, FL 34997
TITLE	VP
NAME	FREUDENBERG, MICHAEL
STREET ADDRESS	13514 SE FLORA AVE
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	President
NAME	Charles Freudenberg
STREET ADDRESS	3201 SE BRIERWOOD PL 34997
CITY-ST-ZIP	STUART FL
TITLE	SEC
NAME	Charles Freudenberg
STREET ADDRESS	3201 SE BRIERWOOD PL 34997
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 like empowered.

SIGNATURE: Charles Freudenberg Pres CHARLES FREUDENBERG 3-5-07 772 287 3007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #