

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 657446

FILED  
Mar 08, 2005  
Secretary of State

Entity Name: DIVERSIFIED TECHNOLOGY, INC.

**Current Principal Place of Business:**

1625 STATE AVENUE  
HOLLY HILL, FL 32117 US

**New Principal Place of Business:**

**Current Mailing Address:**

844 WILLOW RUN  
ORMOND BCH, FL 32174 US

**New Mailing Address:**

FEI Number: 59-1983310

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JACKSON, CLIFFORD A.  
844 WILLOW RUN  
ORMOND BEACH, FL 32174 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: PD ( ) Delete  
Name: JACKSON, CLIFFORD A.,  
Address: 844 WILLOW RUN  
City-St-Zip: ORMOND BCH, FL 32174 US

Title: VP ( ) Delete  
Name: JACKSON, C C  
Address: 844 WILLOW RUN  
City-St-Zip: ORMOND BCH, FL 32174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 Section 119.07(3)(i), 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: CLIFFORD JACKSON

PD

03/08/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date