

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90216 016 ***150.00

DOCUMENT # F05000000366					
1. Entity Name DIVERSIFIED REAL ESTATE SETTLEMENT SERVICES, INC.					
Principal Place of Business 100WESTMALLPLAZA CARNEGIE, PA15106			Mailing Address 100WESTMALLPLAZA CARNEGIE, PA15106		
2. Principal Place of Business 1201 US Highway 1 Suite, Apt. #, etc. Ste 245 City & State North Palm Beach, FL Zip 33408		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		40064411  01272006 Chg-P CR2E034 (11/05)	
4. FEI Number 25-1769911				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent FIORE, KEVIN ESQ 1201 US HIGHWAY 1 STE. 245 NORTH PALM BEACH, FL 33408	
7. Name and Address of New Registered Agent Name: Robin Lyn Colvin Street Address (P.O. Box Number is Not Acceptable): 236 Village Blvd #1211 City: Tequesta FL Zip Code: 33469-2347				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: 4-17-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE VP NAME LOCKOVICH, MICHAEL S STREET ADDRESS 160 TURKEYFOOT ROAD CITY-ST-ZIP VENETIA, PA 15367	<input type="checkbox"/> Delete		TITLE Lawrence A. Neish Esq. NAME 142 James Pidgee - Owner STREET ADDRESS Pittsburgh, PA 15228 CITY-ST-ZIP President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VPS NAME HANLEY, KEVIN M STREET ADDRESS 367 INDIAN RIDGE DRIVE CITY-ST-ZIP CORAOPOLIS, PA 15108	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					