

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F32210

Entity Name: DIVERSIFIED HOLDINGS, INC.

FILED
Jan 08, 2009
Secretary of State

Current Principal Place of Business:

4417 BEACH BLVD
#200
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

4417 BEACH BLVD
#200
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 59-2084236 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOD, MICHAEL L
4417 BEACH BLVD., SUITE 200
JACKSONVILLE, FL 32207 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: PT () Delete
Name: VON DONNERSMARCK, WINFRIED H
Address: TALSTRASSE 66
City-St-Zip: ZURICH, SW CH 8001

Title: S () Delete
Name: RICKS, ALEX J.,
Address: 601 RIVERSIDE AVE 11TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: VON DONNERSMARCK, CARL
Address: TALSTRASSE 66
City-St-Zip: CH 8001 ZURICH, SW

Title: D () Delete
Name: VON DONNERSMARCK, WINFRIED
Address: TALSTRASSE 66
City-St-Zip: ZURICH, SW CH 8001

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 exemption stated 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 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: ALEX J. RICKS

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01/08/2009

Electronic Signature of Signing Officer or Director

_____ Date