FILED
Aug 22, 2005 8:00 am
Secretary of State
07-22-2005 90017 015 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

66026073

DOCUMENT # F95000005091

1. Entity Name
DIVERSIFIED BENEFIT SERVICES, INC.

Principal Place of Business	Mailing Address
1814 NE 185TH ST PMB 802 MIAMI, FL 33179 US	1814 NE 185TH ST PMB 802 MIAMI, FL 33179 US

07042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4065 Naverhill Rd No.	4065 Naverhill Rd No.
Suite, Apt. #, etc. D-3-299	Suite, Apt. #, etc. D-3-299
City & State West Palm Beach FL	City & State West Palm Beach FL
Zip 33417 Country USA	Zip 33417 Country USA

4. FEI Number 22-2978264 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NEWMAN, FREDERIC J 1814 NE 186TH STREET 802 MIAMI, FL 33-179x	Name Street Address (P.O. Box Number is Not Acceptable) 4065 Naverhill Rd No. D-3-299 City West Palm Beach FL Zip Code 33417

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 7/5/05
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
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD NEWMAN, FREDERIC J 1814 NE 185TH ST PMB 802 N MIAMI BCH, FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS NEWMAN, DAVID A 1814 NE 185TH ST PMB 802 N MIAMI BCH, FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	8167 Ogden Point RD West Palm Beach, FL 33412	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NEWMAN, TRACY 1814 NE 185TH ST PMB 802 MIAMI, FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	8192 Ogden Point RD West Palm Beach, FL 33412	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3341 SE Seaside PL. Stuart, FL 34997	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ 8/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
Ce6026073

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 26, 2005

DIVERSIFIED BENEFIT SERVICES, INC.
4065 HAVERHILL RD NO
B-3-299
WEST PALM BEACH, FL 33417 US

Subject: **DIVERSIFIED BENEFIT SERVICES, INC.**

Reference Number: **F95000005091**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

TO AVOID THE $400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.
If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LS
ANNUAL REPORTS SECTION