


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90119 026 \*\*\*150.00

<b>DOCUMENT # F97000005492</b>	
1. Entity Name <b>DIVERSIFIED INVESTMENTS - TBC, INC.</b>	

Principal Place of Business <b>7800 PERSIMMONS TREE LANE BETHESDA MD 20814 US</b>	Mailing Address <b>7800 PERSIMMONS TREE LANE SUITE 206 BETHESDA MD 20814 US</b>
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2. Principal Place of Business <b>3005 Douglas Blvd.</b>	3. Mailing Address <b>3005 Douglas Blvd</b>
Suite, Apt. #, etc. <b>150</b>	Suite, Apt. #, etc. <b>150</b>

City & State <b>Roseville, CA</b>	City & State <b>Roseville, CA</b>
Zip <b>95661</b>	Zip <b>95661</b>
Country <b>USA</b>	Country <b>USA</b>



1st MOORE CR2E034 (10/05)

4. FEI Number <b>52-2057865</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>DIVERSIFIED INVESTMENTS - SILK OAK, LLC 701 N. HERCULES, SUITE F CLEARWATER FL 33765</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code

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

<b>FILE NOW!!! FEE IS: \$150.00...</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CCEO HAASE, BARRY 4340 EAST WEST HIGHWAY, STE 206 BETHESDA MD 20814</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MOREAU, PHILIP 4340 EAST WEST HIGHWAY, STE 206 BETHESDA MD 20814</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 Section 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:**  **2/20/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #