2008 FOR PROFIT CORPORATION

2008 08:00 AN te

ANNUAL REPURI				Apr 24, 2000 08:00			
DOCU	MENT # J12098				Sec	retary of Sta	
1. Entity Nam BENJAM	ne IN DIVERSIFIED, INC.						
Principal Plac	ce of Business	Mailing Address					
	LE CHASE DR	PO BOX 880514	ue				
BOCA RATO	N, FL 33498	BOCA RATON, FL 33488	US				
V-10-110-110-110-110-110-110-110-110-110	11.00.11.01.00.000000000000000000000000	600 N (1000) A (1000)	Call Control and Control				
				1		DIL 8156 B188 B188 B181 B181 B1 B1	
				04042008	No Chg-P CF	R2E034 (11/05)	
	O NOT WRITE	IN THIS SPA	CE	4. FEI Number		Applied For	
				59-26734	13	Not Applicable	
				5. Certificate of	Status Desired 🔲	\$8.75 Additional Fee Required	
	6. Name and Address of Current Re	egistered Agent	1 : :		3. 网络人类科学		
BENJAMIN, ROBERT				DO 1	IOT WRI	TE	
10660 MAPLE CHASE DR BOCA RATON, FL 33498				1.		ignored to the contract of the	
BUCA KA	10N, FL 33496			IN TI	HIS SPAC	CE	
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 obliga	tions of egistered agent	Ω	int			11	
SIGNATURE Sonature, typed or printed name of physicred agent and title if applicable. (NOTE: Registered Age			red Agent aignature required	when minstaling)		1/22/08	
	dy state, typical printed teath of the state	(NECK SERVICE CONTROL OF THE CONTROL				···	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00			00 May Be ed to Fees	U00000918	3771 3 34:::024:::150::00 ::::	
10.	OFFICERS AND DI	RECTORS			937 137 QQ (QQ)	JOT UCT 130.00	
TITLE NAME	BENJAMIN, ROBERT	•					
STREET ADDRESS	10660 MAPLE CHASE DR						
CITY-ST-ZIP	BOCA RATON, FL						
NAME							
STREET ADDRESS CITY-ST-ZIP							
TITLE							
NAME							
STREET ADDRESS CITY-ST-ZIP				DO N	IOT WRI	TELLING	
TITLE					HIS SPAC		
NAME				IIN	TIO SPAC	/	
STREET ADDRESS CITY-ST-ZIP							
TITLE							
NAME							
STREET ADDRESS CITY-ST-ZIP							
TITLE							
NAME CYDEET ADDRESS							
STREET ADDRESS CITY-ST-ZIP							

12. Thereby 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.

521-239-3506