



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90156 045 ***150.00

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|---|--|--|--|---|--|
| DOCUMENT # J46278 1. Entity Name DIVERSIFIED SOFTWARE SYSTEMS, INC. | | | |  | |
| Principal Place of Business 300 N RONALD REAGAN BLVD STE 207 LONGWOOD, FL 32750 US | | | Mailing Address 300 N RONALD REAGAN BLVD STE 207 LONGWOOD, FL 32750 US | | |
| 2. Principal Place of Business 2101 WEST STATE ROAD 434 Suite, Apt. #, etc. SUITE 103 City & State LONGWOOD, FL Zip 32779 Country USA | | 3. Mailing Address 2101 WEST STATE ROAD 434 Suite, Apt. #, etc. SUITE 103 City & State LONGWOOD, FL Zip 32779 Country USA | | 40004000  | |
| 4. FEI Number 59-2719437 | | Chg-P CR2E034 (11/05) | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent LUDWIG, GEORGE W. 377 MAYA STREET LAKE MARY, FL 32746 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| 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 NAME STREET ADDRESS CITY-ST-ZIP | D GARBER, LON L. 300 N RONALD REAGAN BLVD, STE 207 LONGWOOD, FL 32750 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GARBER, LON L. 2101 WEST STATE ROAD 434 STE 103 LONGWOOD, FL 32779 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCD LUDWIG, GEORGE W. 377 MAYA STREET LAKE MARY, FL 32746 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD LODDE, BERNARD C. 421 EVESHAM PLACE LONGWOOD, FL 32779 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LUDWIG, KATHRYN K 377 MAYA STREET LAKE MARY, FL 32746 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 | |
| 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 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 an other like empowered. | | | | | |
| SIGNATURE: <u>George W. Ludwig</u> GEORGE W. LUDWIG <u>4/25/06</u> 407-657-1440 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |