

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K94340

FILED
Apr 06, 2005
Secretary of State

Entity Name: DIVERSIFIED ACCOUNTING AND FINANCIAL SERVICES, INC.

Current Principal Place of Business:

501 WHITE CAP COVE CT
DEBARY, FL 32713 US

New Principal Place of Business:

Current Mailing Address:

501 WHITE CAP COVE CT
DEBRAY, FL 32713 US

New Mailing Address:

FEI Number: 59-2970805

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRIVELLI, LAWRENCE F
501 WHITE CAP COVE CT.
DEBARY, FL 32713 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: D () Delete
Name: CRIVELLI, LAWRENCE F, .
Address: 501 WHITE CAP COVE CT
City-St-Zip: DEBARY, FL 32713

Title: D () Delete
Name: CRIVELLI, PRUDENZA G, .
Address: 501 WHITE CAP COVE CT
City-St-Zip: DEBARY, FL 32713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: LAWRENCE F. CRIVELLI

MR.

04/06/2005

Electronic Signature of Signing Officer or Director

Date