

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

04-27-2006 90166 042 \*\*\*150.00

**DOCUMENT # L05434**

1. Entity Name  
DIVERSE MANAGEMENT, INC.



Principal Place of Business  
2200 N FEDERAL HWY  
SUITE 203  
BOCA RATON, FL 33431 US

Mailing Address  
2200 N FEDERAL HWY  
SUITE 203  
BOCA RATON, FL 33431 US

**DO NOT WRITE IN THIS SPACE**



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0134547

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

MILLER, JOHN P  
2499 GLADES RD  
STE 305A  
BOCA RATON, FL 33431

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IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PS  
NAME SULLIVAN, GREGORY M.  
STREET ADDRESS 2200 N FEDERAL HWY, STE 203  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE V  
NAME MUTTILLO, DOMINIC A.  
STREET ADDRESS 2200 N FEDERAL HWY, STE 203  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #