2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State
03-01-2006 90017 012 ***150.00

DOCUMENT # L38939

1. Entity Name
DIVERSIFIED ENVIRONMENTAL SCIENCES, INC.

Principal Place of Business	Mailing Address
2111 HALIFAX DR DAYTONA BEACH, FL 32118 US	PO BOX 3670 PEACHTREE CITY, GA 30269

02212006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
38 Dresden Circle	PO Box 3670
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ormond Beach, FL	City & State: Peachtree City, GA
Zip: 32174 Country: USA	Zip: 30269 Country: USA

4. FEI Number: 59-2987677 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LYNCH, DEBORAH C 2111 HALIFAX DR DAYTONA BEACH, FL 32118	Name: Deborah C. Lynch Street Address (P.O. Box Number is Not Acceptable): 38 Dresden Circle City: Ormond Beach FL Zip Code: 32174

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: Deb Lynch 2/21/06
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LYNCH, DEBORAH 2111 HALIFAX DR DAYTONA BEACH, FL 32118	☑ Delete	D Lynch, Deborah 38 Dresden Circle Ormond Beach, FL 32174	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LYNCH, RONALD S 2511 SMOKERISE TR PEACHTREE CITY, GA 30269	☑ Delete	VP Lynch, Ronald S 210 Newport Drive Peachtree City, GA 30269	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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 all other like empowered.

SIGNATURE: Deb Lynch 2/21/06 (770) 631-1555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #