2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L38939

FILED Jan 15, 2009 Secretary of State

Entity Name: DIVERSIFIED ENVIRONMENTAL SCIENCES, INC.

Current Principal Place of Business: New Principal Place of Business:

38 DRESDEN CIRCLE 29 EMERALD OAKS LANE

ORMOND BEACH, FL 32174 US ORMOND BEACH, FL 32174 US

Current Mailing Address: New Mailing Address:

PO BOX 3670 PO BOX 3670

PEACHTREE CITY, GA 30269 PEACHTREE CITY, GA 30269

FEI Number: 59-2987677 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LYNCH, DEBORAH C

38 DRESDEN CIRCLE

OPMOND BEACH EL 32174 LIS

OPMOND BEACH EL 32174 LIS

OPMOND BEACH EL 32174 LIS

ORMOND BEACH, FL 32174 US ORMOND BEACH, FL 32174 US

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: DEBORAH LYNCH 01/15/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: PRES (X) Change () Addition

Name:LYNCH, DEBORAH CUDDYName:LYNCH, RONALDAddress:38 DRESDEN CIRCLEAddress:210 NEWPORT DRIVECity-St-Zip:ORMOND BEACH, FL 32174City-St-Zip:PEACHTREE CITY, GA 30269

Title: VP () Delete Title: VP (X) Change () Addition
Name: LYNCH RONALD S Name: LYNCH DEBORAH C

Name:LYNCH, RONALD SName:LYNCH, DEBORAH CAddress:210 NEWPORT DRAddress:29 EMERALD OAKS LANECity-St-Zip:PEACHTREE CITY, GA 30269City-St-Zip:ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DEBORAH C. LYNCH VP 01/15/2009