



FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90084 029 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # L39386 1. Entity Name CAMBRIDGE DIVERSIFIED, INC.			
Principal Place of Business 213 TOMATO HILL RD. LEESBURG, FL 34748		Mailing Address P.O BOX 490579 LEESBURG, FL 34749	
DO NOT WRITE IN THIS SPACE			
		01022007 No Chg-P CR2E034 (11/05)	
4. FEI Number 59-2983497		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required.	
6. Name and Address of Current Registered Agent SWIGERT, BRETT PA 531 N. BAY ST EUSTIS, FL 32726		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when rechartering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP THOMAS, LINDA 2006 HIGH ST. APT B-2 LEESBURG, FL 34748		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD PICKREN, SANDRA A 213 TOMATO HILL RD. LEESBURG, FL 34748		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: 		1-31-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	