

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L51834

FILED
Jun 28, 2005
Secretary of State

Entity Name: DIVERSIFIED BUSINESS MACHINES, INC.

Current Principal Place of Business:

10950- 72ND STREET
#103
LARGO, FL 33777 US

New Principal Place of Business:

Current Mailing Address:

10950- 72ND STREET
#103
LARGO, FL 33777 US

New Mailing Address:

FEI Number: 59-2997280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOLLOWELL, WILLIAM T
13231 PARK BLVD
SEMINOLE, FL 33776 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: VP () Delete
Name: SMITH, WANDA B.,
Address: 11610 PARKVIEW LANE
City-St-Zip: SEMINOLE, FL

Title: P () Delete
Name: FOLLOWELL, WILLIAM T.,
Address: 13231 PARK BLVD
City-St-Zip: SEMINOLE, FL 33776

Title: S () Delete
Name: SMITH, EDWARD B.,
Address: 11610 PARKVIEW LN
City-St-Zip: SEMINOLE, FL 33742

Title: T () Delete
Name: FOLLOWELL, MAJEL S
Address: 13231 PARK BLVD
City-St-Zip: SEMINOLE, FL 33776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FOLLOWELL, WILLIAM T.

P

06/28/2005

Electronic Signature of Signing Officer or Director

Date