


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # L51834
 1. Entity Name
DIVERSIFIED BUSINESS MACHINES, INC.



Principal Place of Business 10950- 72ND STREET #103 LARGO, FL 33777 US	Mailing Address 10950- 72ND STREET #103 LARGO, FL 33777 US
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03272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2997280	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
 FOLLOWELL, WILLIAM T
 13231 PARK BLVD
 SEMINOLE, FL 33776

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:  William T. Followell Pres. 3/27/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing.) DATE

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

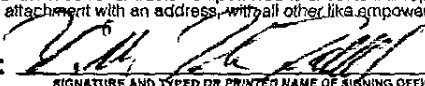
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, WANDA B. 11610 PARKVIEW LANE SEMINOLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOLLOWELL, WILLIAM T. 13231 PARK BLVD SEMINOLE, FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, EDWARD B. 11610 PARKVIEW LN SEMINOLE, FL 33742
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOLLOWELL, MAJEL S 13231 PARK BLVD SEMINOLE, FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 64-72-08-80747-006 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 159, 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:  William T. Followell 3/27/06 (227) 517-2273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 President