

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L51834

FILED  
May 09, 2011  
Secretary of State

**Entity Name:** DIVERSIFIED BUSINESS MACHINES, INC.

**Current Principal Place of Business:**

1301 SEMINOLE BLVD  
BLDG. G., STE. 159  
LARGO, FL 33770 US

**New Principal Place of Business:**

**Current Mailing Address:**

1301 SEMINOLE BLVD  
BLDG. G., STE. 159  
LARGO, FL 33770 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:**

FOLLOWELL, MAJEL S  
13231 PARK BLVD  
SEMINOLE, FL 33776 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: MAJEL S. FOLLOWELL

05/09/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: FOLLOWELL, MAJEL S CEO  
Address: 13231 PARK BLVD  
City-St-Zip: SEMINOLE, FL 33776 US

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

Title: S  
Name: FOLLOWELL, WILLIAM B SEC  
Address: 13833 DOMINICA DRIVE  
City-St-Zip: SEMINOLE, FL 33776

Title: T  
Name: FOLLOWELL, WILLIAM B TREAS  
Address: 13833 DOMINICA DRIVE  
City-St-Zip: SEMINOLE, FL 33776

I hereby 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 all other like empowered.

SIGNATURE: MAJEL FOLLOWELL

PRES

05/09/2011

Electronic Signature of Signing Officer or Director

Date