

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L72827

FILED
Apr 10, 2006
Secretary of State

Entity Name: DIVERSIFIED STRATEGIC INVESTMENTS, INC.

Current Principal Place of Business:

1150B E HALLANDALE BCH BLVD
HALLANDALE, FL 33009 US

New Principal Place of Business:

Current Mailing Address:

1150B E HALLANDALE BCH BLVD
HALLANDALE, FL 33009 US

New Mailing Address:

FEI Number: 65-0195971 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LECHTER, ROBERT
1150B E HALLANDALE BCH BLVD
HALLANDALE, FL 33009 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: PTSD () Delete
Name: LECHTER, ROBERT
Address: 1150B E HALLANDALE BCH BLVD
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: LECHER, LORENA
Address: 1150 B E HALL BCH BLVD
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: ROBERT LECHTER

PTSD

04/10/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date