2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L72827

Entity Name: DIVERSIFIED STRATEGIC INVESTMENTS, INC.

FILED Mar 14, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1150B E HALLANDALE BCH BLVD 4651 SHERIDAN STREET HALLANDALE, FL 33009

SUITE 335

HOLLYWOOD, FL 33021 US

Current Mailing Address: New Mailing Address:

1150B E HALLANDALE BCH BLVD 4651 SHERIDAN STREET

SUITE 335 HALLANDALE, FL 33009

HOLLYWOOD, FL 33021 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LECHTER, ROBERT LECHTER, ROBERT 1150B E HALLANDALE BCH BLVD 4651 SHERIDAN STREET HALLANDALE, FL 33009 SUITE 335

HOLLYWOOD, FL 33021 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: ROBERT LECHTER 03/14/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition PTSD () Delete Title: PTSD

LECHTER, ROBERT Name: Name: LECHTER, ROBERT

1150B E HALLANDALE BCH BLVD 4651 SHERIDAN STREET, SUITE 335 Address: Address:

City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: HOLLYWOOD, FL 33021

() Delete Title: Title: (X) Change () Addition

LECHER, LORENA Name: Name: LECHER, LORENA

1150 B E HALL BCH BLVD Address: 4651 SHERIDAN STREET, SUITE 335 Address:

HOLLYWOOD, FL 33021 HALLANDALE, FL 33009 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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** 03/14/2008