


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L76266
1. Entity Name
DIVERSIFIED MORTGAGE, INC.



Principal Place of Business: 26133 US HWY 19 N SUITE 412 CLEARWATER, FL 33763 US
Mailing Address: 26133 US HWY 19 N SUITE 412 CLEARWATER, FL 33763 US

DO NOT WRITE IN THIS SPACE



03302005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3011660	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MALAGIES, DIDIER
26133 U.S. HWY. 19 N.
SUITE 412
CLEARWATER, FL 33763

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	CEO MALAGIES, DIDIER 26133 US HWY 19 N # 400 CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TANNER, JOEL 1408 HICKORY MOSS PLACE NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRENCH, JOHN 26133 US HWY 19 N # 400 CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/02/05-80045-004 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ CEO 3/30 727 669 0338
SIGNATURE AND EITHER PRINTED NAME OF CHAIRMAN, OFFICER OR DIRECTOR Date Daytime Phone #