## FILED Feb 21, 2006 8:00 am

2006	<b>FOR</b>	PROFI	T CO	RPOR	ATION	
	A	NNUAL	. REF	PORT		

ANNUAL	, KEPOK I	Secretary of State						
DOCUMENT # M15533  1. Entity Name DIVERSIFIED UNITED BUSINESS SERVICES CORPORATION				02-21-2006 90013 022	•			
Principal Place of Business	Mailing Address		•					
3840 NW 187TH ST.	3840 NW 187TH ST.			•				
CAROL CITY, FL 33055 US CAROL CITY, FL 33055				L LEGGLECH COL COUNT ONLY DOWN AND A CILL OTHER FEBRUARY FOR	(B)			
2. Principal Place of Business	3. Mailing Address				# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			02152006 Chg-P CR2E034	· · ·			
City & State	City & State			4. FEI Number 59-2561651	Applied For Not Applicable			
Zip Country	Zip	Coun	try	5. Certificate of Status Desired Fe	3.75 Additional e Required			
6. Name and Address of Current	Registered Agent		Name	7. Name and Address of New Registered Age	int .			
THOMPSON, LILLIE S			Name					
1840 NW 187 ST CAROL CITY, FL 33055			Street Address (P.O. Box Number is Not Acceptable)					
			City Zip Code					
			l '	FL				
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  SIGNATURE  Signature registered agent agen								
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees								
10. OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DI	IRECTORS IN 11			
TILE VD AINER	Delete	TITL	· VP	NERJSAMUIL_	Change			
NAME LINCE, SAMUEL		NAM	E //	11 Sesamo ST	ł			
STREET ADDRESS 1211 SESAME ST			ET ADDRESS 12	PA-LOCKA Fla	23/254			
CITY-ST-ZIP OPA LOCKA, FL 33054								
TITLE M NAME EDWARDS, EBENEZER	☐ Delete	TITL	. , .   🕶		Change Chodition			
STREET ADDRESS 17301 NW 20ST			EET ADDRESS	740 WILL 154th				
CITY-ST-ZIP OPA LOCKA, FL. 33054		CITY	-SI-ZIP	PA-Jocka, FK	233 C54			
TITLE M NAME THOMPSON, LILLIE	☐ Delete	TITL		dwands, The Ind [	☐ Change (X) Addition			
STREET ADDRESS 3840 NW 187ST		STR	EET ADDRESS	13010 : 111 0				
CITY-ST-ZIP QPA LOCKA, FL 33055 /	Miami Gardi		-ST-ZIP	on-Locka Fla 3				
TITLE M	Delete	TITL		JRKI JOHNNY J	Change Addition			
NAME RODDY, DAVID STREET ADDRESS 1211 SEASAME STREET		NAM	EET ADDRESS 15	241 Railrodel				
CITY-SI-ZIP OPA LOCKA, FL			-ST-ZIP	184-Locka ifla	33054			
TITLE M	☐ Delete	מוד	EM H		Change Addition			
NAME JONES, ALFRED		NAM	ı r	20 11 W 179 C	7-t			
STREET ADDRESS 18520 NW 23 AVE			EET ADDRESS	1 2 2				
CITY-ST-ZIP MIAMI, FL 33055	<del></del>	-	-ST-ZIP C	PA-docko via 3	3059			
TITLE M	☐ Delete	TITL	1 7 6	bINSON DR, GE	Change Addition			
NAME DILLARD, JONA STREET ADDRESS 1885 NW 55TH STREET			EET ADDRESS   8	3/10/117976	S+07			
CITY-ST-ZIP MIAMI, FL			r-ST-ZIP	Miani 410 33166	7'			
12. I hereby certify that the information supplied wi	th this filing does not qualify for is true and accurate and that	or the ex	temptions contained	d in Chapter 119, Florida Statutes, I further certify same legal effect as if made under oath; that I am	that the information 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 addyess, with all other like empowered.								
SIGNATURE LIVE Thomason Lillie Thomason 2-15-06 305-653160								

## See The

## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M15533  1. Entity Name DIVERSIFIED UNITED BUSINESS SERVICES CORPORATION							TTACH				
Principal Place	e of Business	1	Mailing Address			-	1.	002	$\omega$	27	
3840 NW 187	7TH ST.		3840 NW 187TH ST.				l G				
CAROL CITY, I	FL 33055	US	CAROL CITY, FL 33055	US				· · · · · · · · · · · · · · · · · · ·			
							) described				
2. Principal Pl	lace of Busin	ess	3. Mailing Address				7				
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		02152006	Chg-P	CR2E0	34 (11/05)			
City & State	<b>e</b>		City & State			4. FEI Number	<del></del> 851		_ <del>  ``</del>	plied For Applicable	
Zip		Country	Zip Country			\$8.75 Additional					
							5. Certificate of		LJ	Fee Required	
	6 Name	and Address of Current F	Registered Agent				7. Name and Address of New Registered Agent				
THOMPSO	N HILE	s			Name						
3840 NW 1		· ·			Street Address (P.O. Box Number is Not Acceptable)						
CAROL CI	TY, FL 33	<b>105</b> 5			-			•	· · · ·		
•					City	<del></del>				Zip Code	
									FL		
	named entity ions of regist		the purpose of changing its	register	ed office or	register	red agent, or both,	, in the State of Flo	rida. I am I	familiar with, a	and accept
inc obligati	iona or regia:	orda agem.									
SIGNATURE_	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOTE	: Registere	ed Agent signatur	re required	i when reinstating)		DATE		<del></del>
							<u> </u>				
		FEE IS \$150.00 3 Fee will be \$550.0	9. Election Campai Trust Fund Cont	-			.00 May Be led to Fees				
10.		OFFICERS AND	l	11.			ADDITIONS (C	HANGES TO OFF	ICERS AND	DIRECTORS	: IN 11
TITLE	VD	OFFICERS AND	Delete	tit.		h /	WCR :	5444	CE 13 ALE	Change	Addition
NAME	LINCE, SA	AMUEL	_, ••••	NAN	, ,	1/2	VII GO	5 4 Ma	C -4	,	_
STREET ADDRESS	1-11 111			EET ADDRESS	DURESS COMMAND						
CITY-ST-ZIP		KA, FL 33054			r-ST-ZIP	<u> </u>	V4 - 20	000 710	4 25	054	C (1000-
TITLE NAME	M	S, EBENEZER	Delete	TITL	•	1-	- IN K	SA PRO	01	Change	Addition
STREET ADDRESS	17301 NV				EET ADDRESS	14		or me	27		
CITY-ST-ZIP	OPA LOC	KA, FL 33054		CITY	r-ST-ZIP	<u> </u>	シタート	ocke	tice	330	54
TITLE	М	<u>-</u>	☐ Delete	πn		C	) NI C ·	1 ) Lac	さんか	Change	Addition
name Street address	THOMPS	ON, LILLIE 1879T	-	NAN STR	AE Eet address	- 10	9611	J.W.	154	79 S	F
CITY-ST-ZIP	J -	KA, FL 33055			-ST-ZIP	٠,	BPA-	LOCA	er t	Fa "	3305/4
TITLE	м		☐ Delete	m	<u>Ε</u> ΔΔ		4 -++		1	☐ Change	Addition
NAME	RODDY, I			NAM		AW	gela in	ompson	Ū		
STREET ADDRESS CITY-ST-ZIP	ŀ	SAME STREET		1	eet address (-St-Zip	38	40.00	18/5/FL	3305	<u> </u>	i
TITLE	OPA LOC	IVA, FL	☐ Delete	nn			Ani Gara	W 1-	7000	☐ Change	☐ Addition
NAME	JONES, A	LFRED	□ Delac	NAN			Clara	692h	NA	St	
STREET ADDRESS	18520 NV	V 23 AVE			EET ADDRESS	18		t 10	TH	<i>J r</i>	
CITY-ST-ZIP	MIAMI, FI	L 33055		-	Y-ST-ZIP		"11am	+4			
TITLE	M	IONA	☐ Delete	TITL NAA	1					☐ Change	☐ Addition
NAME STREET ADDRESS	DILLARD	, JONA 55TH STREET		1	iet Beet address						
CITY-ST-ZIP	MIAMI, FI				Y-ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director											
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as in hade under dail; that if an an indice 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 add/ass, with all other like empowered.											
SIGNATURE LILLY Thompson 2/15/06 305 6253/60											