


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90013 022 \*\*\*158.75

<b>DOCUMENT # M15533</b> 1. Entity Name <b>DIVERSIFIED UNITED BUSINESS SERVICES CORPORATION</b>					
Principal Place of Business 3840 NW 187TH ST. CAROL CITY, FL 33055 US			Mailing Address 3840 NW 187TH ST. CAROL CITY, FL 33055 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2561651</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>THOMPSON, LILLIE S</b> <b>3840 NW 187 ST</b> <b>CAROL CITY, FL 33055</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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: <i>Lillie Thompson</i> Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE: <b>2-16-06</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
<b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <i>LINER</i> <input type="checkbox"/> Delete LANCE, SAMUEL 1211 SESAME ST OPA LOCKA, FL 33054				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M EDWARDS, EBENEZER 17301 NW 20ST OPA LOCKA, FL 33054				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M THOMPSON, LILLIE 3840 NW 187ST OPA LOCKA, FL 33055 <i>Miami Gardens</i>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M RODDY, DAVID 1211 SEASAME STREET OPA LOCKA, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M JONES, ALFRED 18520 NW 23 AVE MIAMI, FL 33055				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M DILLARD, JONA 1885 NW 55TH STREET MIAMI, FL				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <i>LINER</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LANCE, SAMUEL 1211 SESAME ST OPA - LOCKA FLA 33054				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M ONEIL, Eugene E <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1970 N.W. 154th ST OPA - LOCKA, FLA 33054				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Edwards, Theima <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2450 N.W. 141 ST OPA - LOCKA FLA 33054				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M ORR, Johnny <input type="checkbox"/> Change <input type="checkbox"/> Addition 15241 Railroad OPA - LOCKA FLA 33054				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Harris, Charlie <input type="checkbox"/> Change <input type="checkbox"/> Addition 2020 N.W. 179 ST OPA - LOCKA FLA 33054				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robinson SR, George <input type="checkbox"/> Change <input type="checkbox"/> Addition 831 N.W. 179th St Miami FLA 33169				
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 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: <i>Lillie Thompson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE: <b>2-15-06</b> Daytime Phone #: <b>305-653160</b>	

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ATTACHMENT

60020055

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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <b>59-2561651</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>THOMPSON, LILLIE S</b> <b>3840 NW 187 ST</b> <b>CAROL CITY, FL 33055</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 retreating)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LINCE, SAMUEL 1211 SESAME ST OPA LOCKA, FL 33054	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LINCE, SAMUEL 1211 SESAME ST OPA LOCKA, FL 33054	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M EDWARDS, EBENEZER 17301 NW 20ST OPA LOCKA, FL 33054	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M LINCE, PATRICIA 1211 SESAME ST OPA LOCKA, FL 33054	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M THOMPSON, LILLIE 3840 NW 187ST OPA LOCKA, FL 33055	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M ONCE, LUCINDA 1961 NW 154th St OPA LOCKA, FL 33054	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M RODDY, DAVID 1211 SEASAME STREET OPA LOCKA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Angela Thompson 3840 NW 187 ST. MIAMI GARDENS, FL 33055	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M JONES, ALFRED 18520 NW 23 AVE MIAMI, FL 33055	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dillard John 1885 N.W. 55th St MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M DILLARD, JONA 1885 NW 55TH STREET MIAMI, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: <i>Lillie Thompson</i> / Lillie Thompson			Date: <i>2/15/06</i> Daytime Phone #: <i>305 6253160</i>		