

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # M76353 1. Entity Name PRISMA DIVERSIFIED SERVICES, INC.	
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Principal Place of Business % DENNIS A. CLIFTON 6135 B-1, PALMER BLVD. SARASOTA, FL 34240	Mailing Address % DENNIS A. CLIFTON 6135 B-1, PALMER BLVD. SARASOTA, FL 34240
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0047049	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

CLIFTON, DENNIS A.
6135 B-1, PALMER BLVD.
SARASOTA, FL 34240

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	DP CLIFTON, DENNIS A. 6135 B-1, PALMER BLVD SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CLIFTON, M. REBECCA 1959 BEL-AIR STAR PARKWAY SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: M. Rebecca Clifton 1-17-07 941-377-0718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #