


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. |  |
|---|---|

| | |
|--|--|
| 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 |
|--|--|



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 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 |
|---|

DO NOT WRITE IN THIS SPACE

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. <input type="checkbox"/> \$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 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

U00000595033
01/23/07-80023-011 150.00

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* **1-17-07 941-377-0710**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #