

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2008 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	



01282008 No Chg-P CR2E034 (11/05)

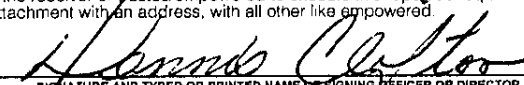
4. FEI Number 65-0047049	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	UN00000330993 02/26/08-80061-014 150.00

10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
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		

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: 	2.04.08	941-377-0718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #