

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000996

FILED
May 02, 2005
Secretary of State

Entity Name: DIVERSIFIED HUMAN SERVICES, INC.

Current Principal Place of Business:

1904 NW 12TH TERRACE
GAINESVILLE, FL 32609 US

New Principal Place of Business:

908 NW 57 STREET
SUITE D
GAINESVILLE, FL 32605 US

Current Mailing Address:

1904 NW 12TH TERRACE
GAINESVILLE, FL 32609 US

New Mailing Address:

908 NW 57 STREET
SUITE D
GAINESVILLE, FL 32605 US

FEI Number: 59-3172296 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DAGLIO, RICARDO
1904 NW 12TH TERRACE
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

DAGLIO, RICARDO
908 NW 57 STREET
SUITE D
GAINESVILLE, FL 32605 US

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.

SIGNATURE: RICARDO DAGLIO

05/02/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HUENINK, JON C
Address: 1904 NW 12TH TERRACE
City-St-Zip: GAINESVILLE, FL 32609

Title: DVP () Delete
Name: DAGLIO, RICARDO
Address: 1904 NW 12TH TERRACE
City-St-Zip: GAINESVILLE, FL 32609

Title: D () Delete
Name: SHERI, WALLACE
Address: 1904 NW 12TH TERRACE
City-St-Zip: GAINESVILLE, FL 32609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HUENINK, JON C
Address: 908 NW 57 STREET, SUITE D
City-St-Zip: GAINESVILLE, FL 32605

Title: DVPS (X) Change () Addition
Name: DAGLIO, RICARDO
Address: 908 NW 57 STREET, SUITE D
City-St-Zip: GAINESVILLE, FL 32605

Title: D (X) Change () Addition
Name: SHERI, WALLACE
Address: 908 NW 57 STREET, SUITE D
City-St-Zip: GAINESVILLE, FL 32605

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICARDO DAGLIO

DVP

05/02/2005

Electronic Signature of Signing Officer or Director

Date