

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000996

FILED
Mar 28, 2007
Secretary of State

Entity Name: DIVERSIFIED HUMAN SERVICES, INC.

Current Principal Place of Business:

2603 NW 13TH STREET, #309
GAINESVILLE, FL 32609 US

New Principal Place of Business:

Current Mailing Address:

2603 NW 13TH STREET, #309
GAINESVILLE, FL 32609 US

New Mailing Address:

FEI Number: 59-3172296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WALLACE, SHERI A
28102 NW 174TH AVENUE
HIGH SPRINGS, FL 32643 US

Name and Address of New Registered Agent:

WALLACE, SHERI A
2603 NW 13TH STREET, #309
GAINESVILLE, FL 32609 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:

03/28/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: WALLACE, SHERI A
Address: 28102 NW 174TH AVENUE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: DVP () Delete
Name: JORDAN, CHARLIE T
Address: 5631 NW 28TH TERRACE
City-St-Zip: GAINESVILLE, FL 32653

Title: DS () Delete
Name: WISDAHL, MELINDA A
Address: 3023 NE 11TH TERRACE
City-St-Zip: GAINESVILLE, FL 32609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: WALLACE, SHERI A
Address: 2603 NW 13TH STREET, #309
City-St-Zip: GAINESVILLE, FL 32609

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: SHERI A. WALLACE

DPT

03/28/2007

Electronic Signature of Signing Officer or Director

Date