

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000027186

FILED
Aug 04, 2008
Secretary of State

Entity Name: DIVERSIFIED PROGRAM SERVICES, INC.

Current Principal Place of Business:

7003 NW 11TH PLACE
SUITE 6
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

7003 NW 11TH PLACE
SUITE 6
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 59-3635871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUEÑAS, ROY
7003 NW 11TH PLACE
SUITE 6
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WALLACE, SHERI
Address: 7003 NW 11TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: DP (X) Delete
Name: DUEÑAS, ROY
Address: 7003 NW 11TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: DUEÑAS, ROY
Address: 7003 NW 11TH PLACE SUITE 6
City-St-Zip: GAINESVILLE, FL 32605

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

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROY DUEÑAS

DP

08/04/2008

Electronic Signature of Signing Officer or Director

Date