2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 11, 2006
Secretary of State

DOCUMENT# P01000023944

Entity Name: DIVERSIFIED BEHAVIORAL HEALTH SOLUTIONS, INC.

Current Principal Place of Business:

633 UMATILLA BLVD
UMATILLA, FL 32784

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9
UMATILLA, FL 32784

New Mailing Address:

FEI Number: 59-3703196 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANSSUER, BRUCE A
633 UMATILLA BLVD.
UMATILLA, FL 32784 US

Name and Address of New Registered Agent:

FORD, JOSHUA
633 UMATILLA BLVD.
UMATILLA, FL 32784 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: JOSHUA FORD 05/11/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MANSSUER, BRUCE A CEO
Address: PO BOX 9
City-St-Zip: UMATILLA, FL 32784

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D ( ) Change (X) Addition
Name: FORD, JOSHUA D PRES.
Address: PO BOX 9
City-St-Zip: UMATILLA, FL 32784

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSHUA FORD PRES 05/11/2006
Electronic Signature of Signing Officer or Director Date