2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000079204

1. Entity Name
DIVERSIFIED ENTERPRISES UNLIMITED, INC.

Principal Place of Business	Mailing Address
118 BERKSHIRE CIRCLE EAST	118 BERKSHIRE CIRCLE EAST
LONGWOOD, FL 32779	LONGWOOD, FL 32779

DO NOT WRITE IN THIS SPACE

02232006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-3737936		Not Applicable
5. Certificate of Status Desired	☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RAPONI, ANTHONY
118 BERKSHIRE CIRCLE EAST
LONGWOOD, FL 32779

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, 2006 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	RAPONI, ANTHONY
STREET ADDRESS	118 BERKSHIRE CIRCLE EAST
CITY-ST-ZIP	LONGWOOD, FL 32779

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000448861
03/09/06-80030-019 150.00

DO NOT WRITE
IN THIS SPACE

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: _Anthony Raponi_   2/23/06   407-252-0785

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #