

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000132847

1. Entity Name

**DIVERSIFIED BUSINESS SOLUTIONS ENTERPRISES,
INC.**



Principal Place of Business

**5051 SE GREAT POCKET TRAIL
STUART, FL 34997**

Mailing Address

**5051 SE GREAT POCKET TRAIL
STUART, FL 34997**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

33-0888749

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GEARIN, JOHN
5051 SE GREAT POCKET TRAIL
STUART, FL 34997**

**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 **P**
NAME **GEARIN, JOHN**
STREET ADDRESS **5051 SE GREAT POCKET TRAIL**
CITY-ST-ZIP **STUART, FL 34997**

TITLE **V**
NAME **PERASON, GREGG**
STREET ADDRESS **1533 SW URBINO AVE**
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34953**

TITLE **ST**
NAME **SPOONER, LEN**
STREET ADDRESS **38055 CHAPARRAL DRIVE**
CITY-ST-ZIP **TEMECULA, CA 92592**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000378980
01/10/06-800003-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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