


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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| DOCUMENT # P03000059743 | | | |  | |
| 1. Entity Name DIVERSIFIED LENDING AND INVESTMENTS, INC. | | | | | |
| Principal Place of Business 1374 WEST PORTILLO DRIVE DELTONA, FL 32725 | | | Mailing Address 1374 WEST PORTILLO DRIVE DELTONA, FL 32725 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 08032005 Chg-P CR2E034 (10/03) | |
| 4. FEI Number 11-3699342 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| PORTA, MARY F 1374 WEST PORTILLO DRIVE DELTONA, FL 32725 | | | Name <u>Schieffelin, Julia</u> Street Address (P.O. Box Number is Not Acceptable) <u>236 W. Michigan Ave. Apt. C</u> City <u>Deland</u> FL Zip Code <u>32720</u> | | |
| 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 <u>Julia Schieffelin</u> (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Amended AR is \$61.25 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | Trust Fund Contribution. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V ROSA, LIZ F 2516 FLINT LN DELTONA, FL 32738 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Schieffelin, Julia 236 W. Michigan Ave. Apt. C Deland, FL 32720 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Julia Schieffelin</u> | | | Date <u>8-3-05</u> Daytime Phone # _____ | | |