2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000082511

Entity Name: DIVERSIFIED MECHANICAL SYSTEMS INC.

FILED Aug 21, 2007 Secretary of State

1222 SHACKLETON RD 1222 SHACKLETON RD JACKSONVILLE, FL 32217 JACKSONVILLE, FL 32211

Current Mailing Address: New Mailing Address:

1222 SHACKLETON RD 1222 SHACKLETON RD JACKSONVILLE, FL 32217 JACKSONVILLE, FL 32211

FEI Number: 90-0200797 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

ANSARI, FAREED H ANSARI, FAREED H 1222 SHACKLETON RD 1222 SHACKLETON RD US JACKSONVILLE, FL 32217 US JACKSONVILLE, FL 32211

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: FAREED H. ANSARI 08/21/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

DVPT

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DVP

Title:

Title: () Delete Title: (X) Change () Addition ANSARI, FAREED H Name: Name: ANSARI, FAREED H % 1222 SHACKLETON RD % 1222 SHACKLETON RD Address: Address:

City-St-Zip: JACKSONVILLE, FL 32217 City-St-Zip: JACKSONVILLE, FL 32211

(X) Change () Addition () Delete ANSARI, KHALILAH L Name: Name: ANSARI, KHALILAH L % 1222 SHACKLETON RD % 1222 SHACKLETON RD Address: Address: JACKSONVILLE, FL 32217 JACKSONVILLE, FL 32211 City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: DS () Delete DS

JACKSON, BRIAN K JACKSON, BRIAN K Name: Name: % 1222 SHACKLETON RD % 1222 SHACKLETON RD Address: Address: City-St-Zip: JACKSONVILLE, FL 32217 City-St-Zip: JACKSONVILLE, FL 32211

Title: () Delete Title: DT () Change (X) Addition

ANSARI, AMIN L Name: Name: Address: Address: 1222 SHACKLETON ROAD City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32211

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.

Ρ SIGNATURE: FAREED HANSARI 08/21/2007