2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000082867

1. Entity Name

DIVERSIFIED INCORPORATED OF TAMPA BAY



Principal Place of Business

3731 GAVIOTA DRIVE RUSKIN, FL 33573 Mailing Address

P.O. BOX 3705

APOLLO BEACH, FL 33572

FILED Sep 09, 2008 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

06102008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0136197

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ZADER, DIANE L 3731 GAVIOTA DRIVE RUSKIN, FL 33573

DO NOT WRITE IN THIS SPACE

the above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the later of the purpose of changing its registered agent, or both, in the later of the purpose of changing its registered agent, or both, in the later of the purpose of changing its registered agent, or both, in the later of the purpose of changing its registered agent, or both, in the later of the purpose of changing its registered agent, or both, in the later of the purpose of changing its registered agent, or both, in the later of the purpose of changing its registered agent, or both, in the later of the purpose of changing its registered agent, or both, in the later of the purpose of changing its registered agent, or both, in the later of the purpose of changing its registered agent, or both, in the later of the purpose of changing its registered agent, or both, in the later of the purpose of changing its registered agent.					
SIGNATURE.	Signature, typed or printed name of registered agont and title if	apokcable. (NOTE: Registere	d Agent signature	a required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Finantity Trust Fund Contribution.			ncing	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC ZADER, DIANE L 3731 GAVIOTA DRIVE RUSKIN, FL 33573				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRODRICK, EDITH M 405 E. JEFFERSON ST. WASHINGTON, IL 61571				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VEGA-HOFMANN, DEBORAH J 12127 FOX BLOOM AVE. GIBSONTON, FL 33534			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					<i>;</i> •
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					