

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000105150

**FILED**  
**Aug 01, 2006**  
**Secretary of State****Entity Name:** J.A.G. DIVERSIFIED INVESTMENT, INC.**Current Principal Place of Business:**8001 N. DALE MABRY  
SUITE 501-M  
TAMPA, FL 33614 US**New Principal Place of Business:****Current Mailing Address:**8001 N. DALE MABRY  
SUITE 501-M  
TAMPA, FL 33614 US**New Mailing Address:**160 CYPRUS AVE.  
TAMPA, FL 33606 US**FEI Number:** 51-0514413**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**HOLLISTER, WILLIAM S  
8001 N. DALE MABRY  
SUITE 501-M  
TAMPA, FL 33614 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HOLLISTER, WILLIAM S  
Address: 8001 N. DALE MABRY, SUITE 501-M  
City-St-Zip: TAMPA, FL 33614

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: WILLIAM S. HOLLISTER

D

08/01/2006

Electronic Signature of Signing Officer or Director

Date