

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000106463

FILED  
Sep 07, 2005  
Secretary of State

Entity Name: DIVERSIFIED GLOBAL SERVICES, INC.

**Current Principal Place of Business:**

PO BOX 840338  
PEMBROKE PINES, FL 330842338

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 840338  
PEMBROKE PINES, FL 330842338

**New Mailing Address:**

FEI Number: 86-1108902      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

MASON, NOEL D  
13055 SW 15 CT S0-301  
PEMBROKE PINES, FL 33027      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

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:**

Title: CEOP      ( ) Delete  
Name: MASON, NOEL D  
Address: 13055 SW 15 CT S-301  
City-St-Zip: PEMBROKE PINES, FL 33084

Title: VT      ( ) Delete  
Name: BLEDSOE, FOREST  
Address: 157 SW 127 AVE  
City-St-Zip: PLANTATION, FL 33225

Title: VS      ( ) Delete  
Name: BULLARD, JANET  
Address: 157 SW 127 AVE  
City-St-Zip: PLANTATION, FL 33225

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

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

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

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 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 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: NOEL D MASON

CEOP

09/07/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date