2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000074762

FILED Mar 20, 2008 Secretary of State

Entity Name: CENTRAL FLORIDA DIVERSIFIED SERVICES, INC. **Current Principal Place of Business: New Principal Place of Business:** 821 PARKS STREET WILDWOOD, FL 34785 **Current Mailing Address: New Mailing Address:** 821 PARKS STREET WILDWOOD, FL 34785 FEI Number: 54-2175393 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WOLFE, DWAYNE A 821 PARKS STREET WILDWOOD, FL 34785 US 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PDS () Delete Title: PDS (X) Change () Addition WOLFW, DWAYNE A Name: Name: WOLFE, DWAYNE A 821 PARKS ST 821 PARKS ST Address: Address: City-St-Zip: WILDWOOD, FL 34785 City-St-Zip: WILDWOOD, FL 34785

Title: VPDT () Delete

WOLFE, DWAYNE A Name: 821 PARKS STREET Address: WILDWOOD, FL 34785 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 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: DWAYNE A WOLFE **PDS** 03/20/2008