2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# P05000078118

Entity Name: FSB CAPITAL DIVERSIFIED, CORP

Current Principal Place of Business:

12421 NORTH FLORIDA AVE
212
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

12421 NORTH FLORIDA AVE
212
TAMPA, FL 33612 US

New Mailing Address:

FEI Number: 47-0955113 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRIDGES, CHELSEA
38407 FERGUSON AVE
DADE CITY, FL 338407 US

Name and Address of New Registered Agent:

MCCRAY, ALVIN
12421 NORTH FLORIDA AVE
212
TAMPA, FL 33612 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: ALVIN MCCRAY 05/01/2006
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: P ( ) Delete
Name: MCCRAY, ALVIN
Address: PO BOX 280155
City-St-Zip: TAMPA, FL 33682 US

Title: VP ( ) Delete
Name: ROBISON, LINDA
Address: PO BOX 280155
City-St-Zip: TAMPA, FL 33682 US

Title: S (X) Delete
Name: LONG, SHAREE
Address: 12421 NORTH FLORIDA AVE
City-St-Zip: TAMPA, FL 33612 US

Title: D (X) Delete
Name: BRIDGES, CHELSEA D
Address: 12421 NORTH FLORIDA AVE
City-St-Zip: TAMPA, FL 33612 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MCCRAY, ALVIN
Address: 12421 NORTH FLORIDA AVE #212
City-St-Zip: TAMPA, FL 33612 US

Title: VDST (X) Change ( ) Addition
Name: ROBISON, LINDA
Address: 12421 NORTH FLORIDA AVE #212
City-St-Zip: TAMPA, FL 33612 US

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 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: ALVIN MCCRAY PD 05/01/2006
Electronic Signature of Signing Officer or Director Date