


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

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| DOCUMENT # P05000135088 |  |
| 1. Entity Name DIVERSIFIED TAX SOLUTIONS INC. | |

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| Principal Place of Business 1500 BEVILLE RD SUITE 606 PMB 213 DAYTONA BEACH, FL 32114 | Mailing Address 1500 BEVILLE RD SUITE 606 PMB 213 DAYTONA BEACH, FL 32114 |
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DO NOT WRITE IN THIS SPACE



04172008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 43-2089903 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent CHAMBERS, JAMES 1500 BEVILLE RD SUITE 606 PMB 213 DAYTONA BEACH, FL 32114 |
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000912458 05/07/08-80081-002 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CHAMBRES, JAMES 1245 LA PALOMA DR PORT ORANGE, FL 32129 |
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James M. Chambers 4/17/08 763-2119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #