## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 08, 2007 8:00 am Secretary of State

DOCUMENT # P06000031574  1. Entity Name A&P DIVERSIFIED INVESTING, INC.						01-08-2007	90251 029	) ***15	0.00
1155 REDW	ce of Business OOD ROAD AND, FL 32952	Mailing Address 1155 REDWOOD ROAD MERRITT ISLAND, FL 32952							
2. Principal I	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01042007	Chg-P	CR2E034	(12/06)	
City & State		City & State			4. FEI Number EIN 80	5-1163	419	<del></del>	plied For t Applicable
Ζiρ	Country	Zip	Cour	itry	5. Certificate of	Status Desired	□ \$8	1.75 Add e Required	litional d
6. Name and Address of Current Registered Agent Name					7. Name and Address of New Registered Agent				
BUCHALTER, NEIL J 1053 CHENEY HWY TITUSVILLE, FL 32780				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	9
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 Rorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, hypod or profile name of registered agent and title if applicable. (NOTE Registered Agent signature required whon reinstating)  FILE NOWILL FEE IS \$150,00  9. Election Campaign Financing \$5.00 May Be									
After M	ay 1, 2007 Fee will be \$550.	DO Trust Fund Contr			ed to Fees	_			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIAMONDIS, PETER J 1155 REDWOOD ROAD MERRITT ISLAND, FL 32952	DIRECTORS  Dehete		- 1	ADDITIONS/C	HANGES TO OFF		RECTORS Change	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIAMONDIS, ANTHEA C 1155 REDWOOD ROAD MERRITT ISLAND, FL 32952	☐ Delete		- 1			С	] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delote		1				Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		i i			E	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1	l l			С	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	CITY-	ET ADDRESS SY-ZIP				Change	Addition
12. I hereby of indicated	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for true and accurate and that m	r the exe ny signat	imptions contained ure shall have the s	in Chapter 119, fame legal effect a	Torida Statutes. I is if made under o	further certify tath; that I am a	hat the in	formation or director

The aby early that the information supplied with his filing does not quarry for the exemptions contained in Chapter 119. Horida 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:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

5 JAN 07 (321) 453-6496