

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000108761

FILED  
Apr 18, 2009  
Secretary of State

Entity Name: DIVERSIFIED ADMINISTRATIVE SOLUTIONS, INC.

**Current Principal Place of Business:**

6928 U.S. HWY 301 S.  
RIVERVIEW, FL 33569 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 1068  
RIVERVIEW, FL 33569 US

**New Mailing Address:**

FEI Number: 14-1972480      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

TARYA TRIBBLE, P.A.  
6928 U.S. HWY 301 S.  
RIVERVIEW, FL 33569 US

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

TARYA TRIBBLE, P.A.  
6928 U.S. HWY 301 S.  
RIVERVIEW, FL 33578 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: TARYA TRIBBLE      04/18/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPVS ( ) Delete  
Name: MURPHY, MICHELLE  
Address: POST OFFICE BOX 1068  
City-St-Zip: RIVERVIEW, FL 33569

Title: T ( ) Delete  
Name: MURPHY, MICHELLE  
Address: 6928 U.S. HWY 301 S.  
City-St-Zip: RIVERVIEW, FL 33569

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

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 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: MICHELLE MURPHY      P      04/18/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date