

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000108761

**FILED**  
**Apr 26, 2010**  
**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:**

POST OFFICE BOX 260746  
TAMPA, FL 33685 US

**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 33578 US

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

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:**

Title: DPVS  
Name: MURPHY, MICHELLE  
Address: POST OFFICE BOX 260746  
City-St-Zip: TAMPA, FL 33685

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

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE MURPHY

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04/26/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date