2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000120118

Entity Name: DIVERSIFIED SERVICES AND SYSTEMS INC.

FILED Jan 16, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1017 WILDMERE COVE 4772 S.W. 166TH CT.RD. LONGWOOD, FL 32750 OCALA, FL 32750

Current Mailing Address: New Mailing Address:

1017 WILDMERE COVE 4772 S.W. 166TH CT.RD. LONGWOOD, FL 32750 OCALA, FL 32750

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

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

MALLEK, MICHAEL E.

1017 WILDMERE COVE
LONGWOOD, FL 32750 US

MALLEK, MICHAEL E.

4772 S.W. 166TH CT.RD.

OCALA, FL 34481 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: MICHAEL E MALLEK 01/16/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: MALLEK, MICHAEL E. Name: MALLEK, MICHAEL E.

 Address:
 1017 WILDMERE COVE
 Address:
 4772 S.W. 166TH CT.RD.

 City-St-Zip:
 LONGWOOD, FL 32750
 City-St-Zip:
 OCALA, FL 34481

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: MICHAEL E MALLEK D 01/16/2007