

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000009647

Entity Name: LCS DIVERSIFIED, INC.

FILED
Feb 17, 2008
Secretary of State

Current Principal Place of Business:

1422 WHISPERING WOOD WAY
DELAND, FL 32724

New Principal Place of Business:

1422 WHISPERING WOODS WAY
DELAND, FL 32724

Current Mailing Address:

1422 WHISPERING WOOD WAY
DELAND, FL 32724

New Mailing Address:

1422 WHISPERING WOODS WAY
DELAND, FL 32724

FEI Number: 56-0619592

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIEBENS, CARLYE
1422 WHISPERING WOOD WAY
DELAND, FL 32724 US

Name and Address of New Registered Agent:

SIEBENS, CARLYE
1422 WHISPERING WOODS WAY
DELAND, FL 32724 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: _____

02/17/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: SIEBENS, NATHAN
Address: 1422 WHISPERING WOOD WAY
City-St-Zip: DELAND, FL 32724

Title: VS () Delete
Name: SIEBENS, CARLYE
Address: 1422 WHISPERING WOOD WAY
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: SIEBENS, NATHAN
Address: 1422 WHISPERING WOODS WAY
City-St-Zip: DELAND, FL 32724

Title: VS (X) Change () Addition
Name: SIEBENS, CARLYE
Address: 1422 WHISPERING WOODS WAY
City-St-Zip: DELAND, FL 32724

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: NATHAN G. SIEBENS

PT

02/17/2008

Electronic Signature of Signing Officer or Director

Date