2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000044724

DIAZ TORO, ANNIE

9581 PINE LILLY STREET

ORLANDO, FL 32827 FL

Name:

Address:

City-St-Zip:

Entity Name: DIVERSIFIED SUPPLY, INC.

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 207 N. GOLDEN ROD ROAD 400 ORLANDO, FL 32807 **New Mailing Address: Current Mailing Address:** 6445 S. CHICKSAW TRAIL ORLANDO, FL 32829 US FEI Number: 80-0212867 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: URQUIOLA, GEORGE 9760 LOBLOLLY PINE CIRCLE ORLANDO, FL 32827 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: VPST (X) Change () Addition URQUIOLA, IRMA Name: Name: URQUIOLA, IRMA L 9760 LOBLOLLY PINE CIRCLE 9760 LOBLOLLY PINE CIRCLE Address: Address: City-St-Zip: ORLANDO, FL 32827 FL City-St-Zip: ORLANDO, FL 32827 FL Title: VΡ Title: () Delete () Change () Addition Name: URQUIOLA, GEORGE Name: 9760 LOBLOLLY PINE CIRCLE Address: Address: ORLANDO, FL 32827 FL City-St-Zip: City-St-Zip: () Delete Title: Title: (X) Change () Addition

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.

Name:

Address:

City-St-Zip:

DIAZ-TORO, ANNIE

9581 PINE LILLY STREET

ORLANDO, FL 32827 FL

SIGNATURE: ANNIE DIAZ-TORO P 04/21/2009