

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000028347

Entity Name: T.V. DIVERSIFIED INC.

FILED
Feb 09, 2011
Secretary of State

Current Principal Place of Business:

6397 SHADOW CREEK VILLAGE
LAKEWORTH, FL 33463

New Principal Place of Business:

6397 SHADOW CREEK VILLAGE
LAKE WORTH, FL 33463

Current Mailing Address:

6397 SHADOW CREEK VILLAGE
LAKEWORTH, FL 33463

New Mailing Address:

6397 SHADOW CREEK VILLAGE
LAKE WORTH, FL 33463

FEI Number: 26-2114947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VITALE, THOMAS V JR
6397 SHADOWCREEK VILLAGE
LAKEWORTH, FL 33463 US

Name and Address of New Registered Agent:

VITALE, THOMAS V JR
6397 SHADOWCREEK VILLAGE
LAKE WORTH, FL 33463 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:

02/09/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: VITALE, THOMAS V JR
Address: 6397 SHADOW CREEK VILLAGE
City-St-Zip: LAKE WORTH, FL 33463 US

Title: VP
Name: VITALE, DARCIE G
Address: 6397 SHADOW CREEK VILLAGE
City-St-Zip: LAKE WORTH, FL 33463 US

Title: S
Name: VITALE, THOMAS V JR
Address: 6397 SHADOW CREEK VILLAGE
City-St-Zip: LAKE WORTH, FL 33463 US

Title: T
Name: VITALE, DARCIE G
Address: 6397 SHOW CREEK VILLAGE
City-St-Zip: LAKE WORTH, FL 33463 US

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: THOMAS V. VITALE, JR.

P

02/09/2011

Electronic Signature of Signing Officer or Director

Date