

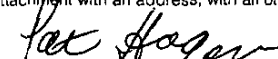


**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

14010144

<b>DOCUMENT # P93000005826</b> 1. Entity Name <b>INDUSTRIAL DIVERSIFIED SERVICES, INC.</b>				Secretary of State 04-29-2005 90266 007 ***150.00	
Principal Place of Business <b>455 GAILS WAY MERRITT ISLAND, FL 32953</b>		Mailing Address <b>455 GAILS WAY MERRITT ISLAND, FL 32953</b>		<b>14010144</b>	
2. Principal Place of Business <b>600 COX ROAD</b>		3. Mailing Address <b>630 MILFORD POINT DR</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262005 Chg-P CR2E034 (10/03)	
City & State <b>COCOA, FL</b>		City & State <b>MERRITT ISLAND, FL</b>		4. FEI Number <b>59-3170668</b>	
Zip <b>32926</b>		Zip <b>32952</b>		Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>JENNEY, AL V 405 ISALND OAKS PL MERRITT ISLAND, FL 32953</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>630 MILFORD POINT DR</b> City <b>MERRITT ISLAND</b> FL Zip Code <b>32952</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENNEY, AL V 455 GAIL'S WAY MERRITT ISLAND, FL 32953 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	630 MILFORD POINT DR MERRITT ISLAND, FL 32952 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed; or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <b>4-24-05</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					