


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000049462	
1. Entity Name DIVERSIFIED FINANCIAL AND REALTY SERVICES, INC.	

Principal Place of Business 555 S. OLD WOODWARD AVENUE SUITE 1209 BIRMINGHAM, MI 48009 US	Mailing Address 555 S. OLD WOODWARD AVENUE SUITE 1209 BIRMINGHAM, MI 48009 US
--	--

DO NOT WRITE IN THIS SPACE



05132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3258120	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

YVETT, MURPHY ESQ
3250 MARY ST., SUITE 302
COCONUT GROVE, FL 33133

**DO NOT WRITE
IN THIS SPACE**

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 reinstalling) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	--	---

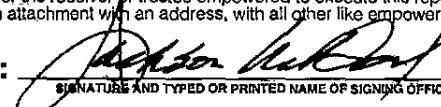
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT MCDANIEL, JACKSON 555 S. OLD WOODWARD AVE., STE 1209 BIRMINGHAM, MI 48009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000367573
05/19/05-80001-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  5-16-05 248) 593-0778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR