

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90028 049 \*\*\*550.00

<b>DOCUMENT # P94000049462</b>					
<b>1. Entity Name</b> DIVERSIFIED FINANCIAL AND REALTY SERVICES, INC.					
<b>Principal Place of Business</b> 555 S. OLD WOODWARD AVENUE SUITE 1200 BIRMINGHAM, MI 48009 US			<b>Mailing Address</b> 555 S. OLD WOODWARD AVENUE SUITE 1200 BIRMINGHAM, MI 48009 US		
<b>2. Principal Place of Business - No P.O. Box #</b> Su 29193 Northwestern Hwy Suite 759 City Southfield, MI 48034 Zip Country		<b>3. Mailing Address</b> Suite 29193 Northwestern Hwy Suite 759 City Southfield, MI 48034 Zip Country		05152007 Chg-P CR2E034 (12/06)	
<b>4. FEI Number</b> 59-3258120				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b> YVETT, MURPHY ESQ 3250 MARY ST., SUITE 302 COCONUT GROVE, FL 33133			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT MCDANIEL, JACKSON 29193 Northwestern Hwy Suite 759 Southfield, MI 48034		<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
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b>			President		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 5/15/07 Daytime Phone #: 248-352-9294		

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