

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000006289

FILED
Feb 06, 2006
Secretary of State

Entity Name: DIVERSIFIED DEVELOPMENT CORPORATION

Current Principal Place of Business:

114 BARNACLE PLACE
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

P O BOX 560676
ROCKLEDGE, FL 32956 US

New Mailing Address:

FEI Number: 59-3293623 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHANDLER, JOHN T
112 BARNACLE PLACE
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: CHANDLER, JOHN T
Address: 112 BARNACLE PLACE
City-St-Zip: ROCKLEDGE, FL 32955

Title: VD () Delete
Name: ANDERSON-CHANDLER, URSULA K
Address: 112 BARNACLE PLACE
City-St-Zip: ROCKLEDGE, FL 32955

Title: S () Delete
Name: LYNCH, LINDA C
Address: 976 HUNT ST NW
City-St-Zip: PALM BAY, FL 32907

Title: D () Delete
Name: TAGGART, JOHN L D
Address: 10818 BRAEBURN RD
City-St-Zip: COLUMBIA, MD 21044

Title: D () Delete
Name: CLAVELLI, LORETTO J
Address: P.O. BOX 1219 N/A
City-St-Zip: ROCKVILLE, MD 20849

Title: D () Delete
Name: SWERBILOW, HOWARD M
Address: 116 BARNACLE PLACE
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: LINDA LYNCH

S

02/06/2006

Electronic Signature of Signing Officer or Director

Date