

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 MAY 14 PM 12:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P95000006289</b> 1. Entity Name <b>DIVERSIFIED DEVELOPMENT CORPORATION</b>					
Principal Place of Business <b>114 BARNACLE PLACE ROCKLEDGE, FL 32955</b>			Mailing Address <b>P O BOX 560676 ROCKLEDGE, FL 32956 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		05082007    Chg-P    CR2E034 (12/06)	
City & State		City & State		4. FEI Number <b>59-3293623</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHANDLER, JOHN T 112 BARNACLE PLACE ROCKLEDGE, FL 32955</b>				7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code	
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>Amended AR is \$61.25</b>		9. Election Campaign Financing 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	PD CHANDLER, JOHN T 112 BARNACLE PLACE ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David H. Bates 2984 Old Franklin Tpke. Rocky Mount, VA 24151-5681
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDERSON-CHANDLER, URSULA K 112 BARNACLE PLACE ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Theron L. Severance 1120 Granada Court Melbourne, FL 32940-1910
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LYNCH, LINDA C 976 HUNT ST NW PALM BAY, FL 32907	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000103606830 05/31/07--01022--024 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAGGART, JOHN L D 10818 BRAEBURN RD COLUMBIA, MD 21044	<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	D CLAVELLI, LORETTO J P.O. BOX 1219 N/A ROCKVILLE, MD 20849	<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	D SWERBILOW, HOWARD M 116 BARNACLE PLACE ROCKLEDGE, FL 32955	<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 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>SIGNATURE:</b> <u>Linda C. Lynch</u> <i>Linda C. Lynch</i> 5/8/07    321-690-2626 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					

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