2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# P95000022822

Entity Name: DPR, DIVERSIFIED INC.

Current Principal Place of Business:

1261 HOMESTEAD RD.
UNIT 223
LEHIGH ACRES, FL 33936 US

New Principal Place of Business:

Current Mailing Address:

BOX 1164
LEHIGH ACRES, FL 33936

New Mailing Address:

FEI Number: 58-2167092 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REEVE, DAVID
1261 HOMESTEAD RD.
UNIT 223
LEHIGH ACRES, FL 33936 US

Name and Address of New Registered Agent:

REEVE, DAVID
P.O. BOX 1164
LEHIGH ACRES, FL 33970 US

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: 04/28/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: REEVE, DAVID W
Address: 320 EDWARD AVE.
City-St-Zip: LEHIGH ACRES, FL 33972

Title: VP ( ) Delete
Name: REEVE, DAVID
Address: 320 EDWARD AVE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: S ( ) Delete
Name: REEVE, DAVID
Address: 320 EDWARD AVE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: T ( ) Delete
Name: REEVE, DAVID
Address: 320 EDWARD AVE.
City-St-Zip: LEHIGH ACRES, FL 33972

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID W. REEVE P 04/28/2005
Electronic Signature of Signing Officer or Director — Date