

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000026692

1. Entity Name
DIVERSIFIED AUDIO, INC.



Principal Place of Business
14919 N. NEBRASKA AVENUE
TAMPA, FL 33613

Mailing Address
14919 N. NEBRASKA AVENUE
TAMPA, FL 33613

**FILED
May 01, 2006 08:00 AM
Secretary of State**



01172006 No Chg-P CR2E034 (11/05)

| | |
|----------------------------------|---|
| 4. FEI Number 59-3405034 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DANGER, RYAN J
14919 N. NEBRASKA AVENUE
TAMPA, FL 33613

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent: signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

100000552173
05/13/06-20126-023 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME DANGER, RYAN J
STREET ADDRESS 10920 BONNETT HOLD DRIVE
CITY-ST-ZIP THONOTOSASSA, FL 33592

TITLE D
NAME WENDEL, BRUCE C
STREET ADDRESS 608 STILLVIEW CR
CITY-ST-ZIP BRANDON, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-06

813-879-9087

Date

Daytime Phone #