


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P96000026692 1. Entity Name DIVERSIFIED AUDIO, INC.	
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Principal Place of Business 14919 N. NEBRASKA AVENUE TAMPA, FL 33613	Mailing Address 14919 N. NEBRASKA AVENUE TAMPA, FL 33613
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01172006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3405034	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$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

11000000552173
05/13/06-80126-023 150.00

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		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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 #