

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000036249

FILED
Jan 10, 2006
Secretary of State

Entity Name: DIVERSIFIED ASSET MANAGEMENT, INC.

Current Principal Place of Business:

777 SO. HARBOUR ISLAND BLVD
SUITE 260
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

777 SO. HARBOUR ISLAND BLVD
SUITE 260
TAMPA, FL 33602 US

New Mailing Address:

FEI Number: 59-3427338 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBER, EILEEN K
1109 ABBEYS WAY
TAMPA, FL 33602 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: DP () Delete
Name: WEBER, EILEEN K
Address: 1109 ABBEYS WAY
City-St-Zip: TAMPA, FL 33602

Title: DVP () Delete
Name: DE MARCAY, DAVID J
Address: 706 BUNGALOW TERRACE
City-St-Zip: TAMPA, FL 33606

Title: DVP () Delete
Name: DE MARCAY, MICHAEL C
Address: 409 S WESTLAND AVE., #1
City-St-Zip: TAMPA, FL 33606

Title: ST () Delete
Name: DE MARCAY, TIFFANY P
Address: 409 S WESTLAND AVE., #1
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP (X) Change () Addition
Name: DE MARCAY, DAVID J
Address: 777 SO. HARBOUR ISLAND BLVD., #260
City-St-Zip: TAMPA, FL 33602

Title: DVP (X) Change () Addition
Name: DE MARCAY, MICHAEL C
Address: 777 SO. HARBOUR ISLAND BLVD., #260
City-St-Zip: TAMPA, FL 33602

Title: ST (X) Change () Addition
Name: DE MARCAY, TIFFANY P
Address: 777 SO. HARBOUR ISLAND BLVD., #260
City-St-Zip: TAMPA, FL 33602

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: EILEEN K. WEBER

DP

01/10/2006

Electronic Signature of Signing Officer or Director

_____ Date