

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P97000039214

**FILED**  
**May 16, 2006**  
**Secretary of State****Entity Name:** DIVERSIFIED ENTERPRISES, INC.**Current Principal Place of Business:**6421 W. HOMOSASSA TRAIL  
HOMOSASSA, FL 34448**New Principal Place of Business:**2512 SUCCESS DRIVE  
ODESSA, FL 33556**Current Mailing Address:**6421 W. HOMOSASSA TRAIL  
HOMOSASSA, FL 34448**New Mailing Address:**2512 SUCCESS DRIVE  
ODESSA, FL 33556**FEI Number:** 59-3443465**FEI Number Applied For** ( )**FEI Number Not Applicable** ( )**Certificate of Status Desired** (X)**Name and Address of Current Registered Agent:**POWELL, MICHAEL D  
5641 W. PINE CIRCLE  
CRYSTAL RIVER, FL 34429 US**Name and Address of New Registered Agent:**AARON, JOHN J  
8048 MOONLIGHT LANE  
NEW PORT RICHEY, FL 34654 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:** JOHN J. AARON

05/16/2006

\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:****Title:** PST ( ) Delete  
**Name:** POWELL, MICHAEL  
**Address:** 5641 W PINE CIRCLE  
**City-St-Zip:** CRYSTAL RIVER, FL 34429**Title:** V (X) Delete  
**Name:** AARON, JOHN J  
**Address:** 8048 MOONLIGHT LN.  
**City-St-Zip:** NEW PORT RICHEY, FL 34654**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PSTV (X) Change ( ) Addition  
**Name:** AARON, JOHN J  
**Address:** 8048 MOONLIGHT LANE  
**City-St-Zip:** NEW PORT RICHEY, FL 34654**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 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:** JOHN J. AARON

PSTV

05/16/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date