


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90033 018 \*\*\*150.00

<b>DOCUMENT # P97000043577</b>	
1. Entity Name <b>DIVERSIFIED THERAPEUTICS INC.</b>	

Principal Place of Business 10796 SOUTH US 1 PORT SAINT LUCIE FL 34952 US	Mailing Address 10796 SOUTH US 1 PORT SAINT LUCIE FL 34952 US
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2. Principal Place of Business - No P.O. Box # <b>613 SE Central Parkway</b>	3. Mailing Address <b>613 SE Central Parkway</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State <b>Stuart FL</b>	City & State <b>Stuart FL</b>
Zip <b>34994</b>	Country <b>USA</b>
City & State <b>Stuart FL</b>	City & State <b>Stuart FL</b>
Zip <b>34994</b>	Country <b>USA</b>

4. FEI Number <b>65-0753263</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>CORPORATE CREATIONS ENTERPRISES, INC. 4521 PGA BLVD #211 PALM BEACH GARDENS FL 33418</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JACKSON, CALVIN LEE 2802 SW KASSON COURT PORT ST. LUCIE FL 34953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DIMARTINO, JACQUELINE L 2802 SW WASSON CT PORT SAINT LUCIE FL 34953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Jacqueline Dimartino VP 3/19/07 72.221.7638  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #