



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90056 031 ***550.00

| | | | |
|--|---|---|---|
| DOCUMENT # P99000019715 | |  | |
| 1. Entity Name DIVERSIFIED CONSTRUCTION MANAGERS, INC. | | | |
| Principal Place of Business 555 S OLD WOODWARD AVE SUITE 1209 BIRMINGHAM, MI 48009 | | Mailing Address 555 S OLD WOODWARD AVE SUITE 1209 BIRMINGHAM, MI 48009 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| St 29193 Northwestern Hwy Suite 759 | | Su 29193 Northwestern Hwy Suite 759 | |
| Ci Southfield, MI 48034 | | Cit Southfield, MI 48034 | |
| Zip | Country | Zip | Country |
| 4. FEI Number 65-0916468 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| YVETTE, MURPHY ESQ 3250 MARY STREET STE 302 COCONUT GROVE, FL 33133 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | DTP <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCDANIEL, JACKSON | NAME | |
| STREET ADDRESS | 555 S OLD WOODWARD 29193 Northwestern Hwy | STREET ADDRESS | |
| CITY - ST - ZIP | BIRMINGHAM, MI 4 Southfield, MI 48034 | CITY - ST - ZIP | |
| TITLE | VS <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BENSON, GREGORY J | NAME | |
| STREET ADDRESS | 29193 Northwestern Hwy | STREET ADDRESS | |
| CITY - ST - ZIP | Suite 759 Southfield, MI 48034 | CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| 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:  | | Date 5/15/07 Daytime Phone # 248-352-9294 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |

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