

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000023042

1. Entity Name
 DIVERSIFIED REALTY DEVELOPERS, 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



05192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3576872 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURPHY, YVETTE ESQ
 3250 MARY STREET
 SUITE 302
 COCONUT GROVE, FL 33133

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP MCDANIEL, JACKSON 555 S OLD WOODWARD STE 1209 BIRMINGHAM, MI 48009 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS BENSON, GREGORY J 555 S OLD WOODWARD STE 1209 BIRMINGHAM, MI 48009 |
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1000000585910
 05/23/06-80004-005 550.00

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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

5/19/06

Date

248-593-0778

Device Files