
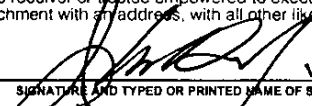


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-21-2007 90056 032 ***550.00

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	
2. Principal Place of Business - No P.O. Box # 29193 Northwestern Hwy Suite 759 Southfield, MI 48034		3. Mailing Address Suite 29193 Northwestern Hwy Suite 759 City: Southfield, MI 48034	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent MURPHY, YVETTE ESQ 3250 MARY STREET SUITE 302 COCONUT GROVE, FL 33133		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 NAME STREET ADDRESS CITY - ST - ZIP	DP MCDANIEL, JACKSON 29193 Northwestern Hwy Suite 759 Southfield, MI 48034 <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	VS BENSON, GREGORY J 29193 Northwestern Hwy Suite 759 Southfield, MI 48034 <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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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: 		Jackson McDaniel - President 5/15/07 248-352-9294	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40117119



05152007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3576872 Applied For Not Applicable

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