2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V66874

1. Entity Name

DIVORCE MEDIATION SERVICES, INC.



Principal Place of Business

7451 W OAKLAND PARK BLVD FT LAUDERDALE, FL 33319 Mailing Address

7451 W OAKLAND PARK BLVD FT LAUDERDALE, FL 33319

FILED Apr 17, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04132006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0362116 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

DEUTSCH, GERALD S 7451 W OAKLAND PARK BLVD FT LAUDERDALE, FL 33319

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.	Signature, typed or printed name of registered agent and title fi applicable (NOTE: Registered Agent aignature			required when reinstaling)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00			\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	(
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEUTSCH, GERALD S. 7451 W. OAKLAND PARK BLVO. FT LAUDERDALE, FL 33319		;		
TITLE NAME STREET ADDRESS GITY-57-ZIP					000000512584 04/29/06-80098-007 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-				

12. I hereby certify that the information supplied with this filling 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 eath, 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 TYPES OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR DAIS DENTS CH. PRES. 4-13-06 454-748-990