| LAKELAND, FL    | 33801 US  |                            |   |            |
|-----------------|---|----------------------------|---|------------|
| The above named | entity submits this statement for the purpose of changing its | registered office or regis | tered agent, or both, in the State of F | Florida.   |
| SIGNATURE       | SAMUEL A HOUGHTON   |                            |   | 03/05/2014 |
|                 | Electronic Signature of Registered Agent                      |                            |   | Date       |
| Officer/Dired   | ctor Detail :   |                            |   |            |
| Title           | PTD   | Title                      | S/T                                     |            |
| Name            | NESLUND, BRIAN M  | Name                       | NESLUND, BRIAN M                        |            |
| Address         | 4825 S. FLA AVE   | Address                    | 4825 S. FLA AVE                         |            |
| City-State-Zip: | LAKELAND FL 33813   | City-State-Zip:            | LAKELAND FL 33813                       |            |
| Title           | VP  |                            |   |            |
| Name            | NESLUND, BRIAN M  |                            |   |            |
| Address         | 4825 S. FLA AVE   |                            |   |            |

4825 S FLORIDA AVE LAKELAND, FL 33813

**Current Mailing Address:** 

## FEI Number: 59-2149289

#### Name and Address of Current Registered Agent:

HOUGHTON, SAMUEL A 625 EAST LIME STREET SUITE #1 LA

# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: BRIAN NESLUND

PRESIDENT

## 03/05/2014

Date

**FILED** Mar 05, 2014 Secretary of State CC2189751057

Certificate of Status Desired: No

| Address         | 4023 S. TEA AVE   |
|-----------------|-------------------|
| City-State-Zip: | LAKELAND FL 33813 |
|                 |                   |
|                 |                   |
|                 |                   |
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|                 |                   |
|                 |                   |

## 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F60113

Entity Name: ELECTRONIC DIVERSIONS, INCORPORATED

## **Current Principal Place of Business:**

4825 S FLORIDA AVE LAKELAND, FL 33813