


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Aug 04, 2008 08:00 AM
Secretary of State**

DOCUMENT # F03000006255 1. Entity Name DIAMOND INNOVATIONS, INC.	
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Principal Place of Business 6325 HUNTLEY ROAD WORTHINGTON, OH 43085	Mailing Address 6325 HUNTLEY ROAD WORTHINGTON, OH 43085
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DO NOT WRITE IN THIS SPACE



07082008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0456549	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 12, 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	PDC FRATTO, TANYA 6325 HUNTLEY ROAD WORTHINGTON, OH 43085
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASKIN, RICHARD M 1702 NEVINS RD. FAIR LAWN, NJ 07410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MURREN, MICHAEL 6325 HUNTLEY ROAD WORTHINGTON, OH 43085
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, PAULA 6325 HUNTLEY ROAD WORTHINGTON, OH 43085
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000957133
08/04/08-80010-024 \$50.00

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IN THIS SPACE**

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: PAULA MILLER JULY 17/08 (614) 438-5617.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #