

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000006264

FILED
Feb 19, 2007
Secretary of State

Entity Name: UNITED DIAMOND CORPORATION

Current Principal Place of Business:

24 S. RIVER ST.
WILKES BARRE, PA 187031525

New Principal Place of Business:

Current Mailing Address:

24 S. RIVER ST.
WILKES BARRE, PA 187031525

New Mailing Address:

FEI Number: 23-2494374 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRATTON, DOUGLAS D ESQ
407 LINCOLN RD., #2B
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ZITOFISKY, JOEL
Address: 24 S. RIVER ST.
City-St-Zip: WILKES BARRE, PA 187031525

Title: D () Delete
Name: ZITOFISKY, RONNE K
Address: 24 S. RIVER ST.
City-St-Zip: WILKES BARRE, PA 187031525

Title: VPTS () Delete
Name: PATTERSON, SHERRI L
Address: 24 S. RIVER ST.
City-St-Zip: WILKES BARRE, PA 187031525

Title: PSD () Delete
Name: SHOVAL, Y J
Address: 24 S. RIVER ST.
City-St-Zip: WILKES BARRE, PA 187031525

Title: D () Delete
Name: SHOVAL, SUSAN W
Address: 24 S. RIVER ST.
City-St-Zip: WILKES BARRE, PA 187031525

Title: S () Delete
Name: LEZINSKI, WILLIAM M.
Address: 24 S RIVER ST
City-St-Zip: WILKES BARRE, PA 18703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: Y. JUDD SHOVAL

Electronic Signature of Signing Officer or Director

PRES

02/19/2007

_____ Date