


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

NS Nevada FILED  
 Apr 28, 2005 08:00 AM  
 #1006  
 \$150  
 Secretary of State

DOCUMENT # K13481  
 1. Entity Name  
 NORTH STAR DIAMONDS INC.



Principal Place of Business      Mailing Address  
 114 W. MAGNOLIA ST.  
 SUITE 400-102  
 BELLINGHAM, WA 98225      114 W. MAGNOLIA ST.  
 SUITE 400-102  
 BELLINGHAM, WA 98225



04262005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0032447	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  
 INCORP SERVICES, INC.  
 103 NORTH MERIDIAN STREET  
 TALLAHASSEE, FL 32301

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

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	PCEO STUNDER, WALTER 114 W. MAGNOLIA ST. BELLINGHAM, WA 98225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MAXWELL, DAVID 114 W. MAGNOLIA ST. BELLINGHAM, WA 98225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCRAE, OWEN 114 W. MAGNOLIA ST. BELLINGHAM, WA 98225
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 04/28/05-80065-019 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 recorder 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: \_\_\_\_\_  
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 26, 2005    877-454-7872  
Date      Daytime Phone #