

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000011121

Entity Name: DIAMOND SECURITY SYSTEMS, INC.

FILED  
Jan 24, 2009  
Secretary of State

## Current Principal Place of Business:

13850-2 TREELINE AVE S  
2  
FORT MYERS, FL 33913

## Current Mailing Address:

13850-2 TREELINE AVE S  
FORT MYERS, FL 33913

## New Principal Place of Business:

13850-11 TREELINE AVE S  
2  
FORT MYERS, FL 33913

## New Mailing Address:

13850-11 TREELINE AVE S  
FORT MYERS, FL 33913

FEI Number: 65-1084694

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OLSSON, RONNY  
16160 FOREST OAKS DR  
FORT MYERS, FL 33908 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: PD ( ) Delete  
Name: OLSSON, RONNY  
Address: 16160 FOREST OAKS DR  
City-St-Zip: FORT MYERS, FL 33908

Title: DS ( ) Delete  
Name: OLSSON, CELESTE  
Address: 16160 FOREST OAKS DR  
City-St-Zip: FORT MYERS, FL 33908

Title: VP (X) Delete  
Name: JOINER, ROBERT  
Address: 21711 BRIXHAM RUN LOOP  
City-St-Zip: ESTERO, FL 33928

## 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:

I hereby certify that the information supplied with this filing does not qualify 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: RONNY OLSSON

PD

01/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date