2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000042995

Entity Name: NATURAL DIAMOND CORPORATION USA, INC.

FILED Jan 26, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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19495 BISCAYNE BLVD 300 NW 70TH AVENUE #401 #200

#401 #200 AVENTURA, FL 33180 #200 PLANTATION, FL 33317

Current Mailing Address: New Mailing Address:

19495 BISCAYNE BLVD 300 NW 70TH AVENUE #401 #200

AVENTURA, FL 33180 #200 PLANTATION, FL 33317

FEI Number: 20-4562062 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SLOCHOWSKI, AVISHAI

19495 BISCAYNE BLVD

#401

AVENTURA, FL 33180 US

WERBLE, STEVEN L

300 NW 70TH AVENUE

#200

PLANTATION, FL 33317 US

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: STEVEN L. WERBLE 01/26/2009

STEVEN L. WERBLE 01/26/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS () Delete Title: PS (X) Change () Addition

Name: LEWY, JACKY Name: LEWY, JACKY

 Address:
 19495 BISCAYNE BLVD #401
 Address:
 300 NW 70TH AVENUE #200

 City-St-Zip:
 AVENTURA, FL 33180
 City-St-Zip:
 PLANTATION, FL 33317 US

Title: VPT () Delete Title: VP (X) Change () Addition Name: SCHEFFER, SAMUEL VP (X) Change () Addition Name: SCHEFFER, SAMUEL

 Address:
 19495 BISCAYNE BLVD #401
 Address:
 300 NW 70TH AVENUE #200

 City-St-Zip:
 AVENTURA, FL 33180
 City-St-Zip:
 PLANTATION, FL 33317 US

Title: () Delete Title: T () Change (X) Addition

Name: Name: SCHEFFER, UZI

 Address:
 Address:
 300 NW 70TH AVENUE #200

 City-St-Zip:
 City-St-Zip:
 PLANTATION, FL 33317 US

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: SAMUAL SCHEFFER VP 01/26/2009