FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 20, 2002 8:00 am Secretary of State P96000008535 DOCUMENT # 1. Entity Name 05-20-2002 90037 001 ***158.75 DE ANGELIS - DIAMOND CONSTRUCTION, INC. Mailing Address Principal Place of Business 2277 TRADE CENTER WAY 2277 TRADECENTER WAY 429300 SUITE 101 SUITE 101 NAPLES FL 34109 NAPLES FL 34109 US 3. Mailing Address 2. Principal Place of Business 6635 Willow PARK Deive 6635 Willow PARK DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number Çity & Ştate 65-0634426 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent B. DIAMOND ress (P.O. Box Number is Not Acceptable) DIAMOND, DAVID A R 6132 20ND AVE. SW. NAPLES FL 34116 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. DIAMONA FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its:Intangible= 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) Change ☐ Addition TITLE ☐ Delete TITLE DIAMONA, DAVID B. DIAMOND, DAVID B NAME NAME 6132 20TH AVENUE S.W. STREET ADDRESS STREET ADDRESS 9129 THE LANG CITY-ST-ZIP NAPLES FL 34116 34109 CITY-ST-ZIP Change ☐ Delete TITLE TITLE DEANGELIS, JOHN M NAME NAME 2316 HARRIER RUN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34105 CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE DIAMOND, DAVID B 9119 The LAME NAME DIAMOND, DAVID B NAME STREET ADDRESS 6132 20TH AVENUE S.W. STREET ADDRESS CITY-ST-ZIP NAPLES FL 34116 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME DEANGELIS, JOHN M NAME STREET ADDRESS 2316 HERRIER RUN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34105 Change ☐ Addition □ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Dayline Phone #