


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90498 007 ***150.00

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



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

Mailing Address
**114 W.MAGNOLIA ST.
 SUITE 400-102
 BELLINGHAM, WA 98225**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

04132004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0032447 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
Incorp Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

103 North Meridian Street

City **Tallahassee** FL Zip Code **32301**

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: *Ruth Hanson* on behalf of *Incorp Services, Inc.*

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	STUNDER, WALTER	
STREET ADDRESS	114 W.MAGNOLIA ST.	
CITY-ST-ZIP	BELLINGHAM, WA 98225	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	MAXWELL, DAVID	
STREET ADDRESS	114 W.MAGNOLIA ST.	
CITY-ST-ZIP	BELLINGHAM, WA 98225	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCRAE, OWEN	
STREET ADDRESS	114 W.MAGNOLIA ST.	
CITY-ST-ZIP	BELLINGHAM, WA 98225	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all names like empowered.

SIGNATURE: *[Signature]* April 13/04 604-685-1527

Signature and typed or printed name of signing officer or director Date Daytime Phone #