


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90472 006 ***150.00

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



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

60032695



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.
SUITE 400-PMB102 **SUITE 400-PMB102**

04112006 Chg-P CR2E034 (11/05)

City & State City & State

4. FEI Number Applied For
65-0032447 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

INCORP SERVICES, INC.
18450 NE 2ND AVE
MIAMI, FL 33179

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
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, 2006 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 exemptions contained 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 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, without other like empowered.

SIGNATURE:  **WALTER STUNDER APRIL 12/06 604-685-1527**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #