2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 22, 2007 8:00 am Secretary of State

Principal Place of Business Mailling Address	DOCUMENT # P06000057836 1. Entity Name DIAMOND REMODELING & RENOVATIONS, INC.)	03-22-200	7 90012 048 ***15	50.00	
Sulto, Apil. #, etc. Sulto, Apil. #, etc. Sulto, Apil. #, etc. O1042007 Chg.P CR2E034 (12/06) Chiy & State Cury & State Chiy & State A. FEI Number Chip & Status Desired Part Not Applicable Not Applicable	405 SE 49TI	H AVE.	405 SE 49TH AVE.							
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City & State			o. maining / loaness				MILM MILII BAILL BOILL BO	}		
Zip	Suite, Apt. #, etc.		Suite, Apt. #, etc.			01042007	Chg-P	CR2E034 (12/06)		
St. Name and Address of Current Registered Agent Name	City & State		City & State		4. FEI Number	47770	24 AF	<u> </u>		
SILVEIRA, DAVID G 405 SE 497H AVE. OCALA, FL 34471 8. The above named entity submits this statement for the purpose of changing its registered Agent, or both, in the State of Florida. I am familiar with and scept the obligations of registered agent, or both, in the State of Florida. I am familiar with and scept the obligations of registered agent, or both, in the State of Florida. I am familiar with and scept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRE	Zip	Country	Zip	Country		5. Certificate of		\$8.75 Add		
SILVEIRA DAVID G		6. Name and Address of Curren	t Registered Agent	1	L	7. Name and	Address of New I			
Street Address (P.O. Box Number is Not Accoptable)	OII VEID :	DAVID C	Name							
S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, riped or printed name of registered agent and title disclosuble. (NOTE: Registered Agent sprature required name representation) DATE	405 SE 49	TH.AVE.	Street Address		(P.O. Box Number is Not Acceptable)					
SIGNATURE Signature, speed or private rame of registered agent avid life 4 accidations (NOTE-Registered Agent signature recursed when rootstature) (DATE Registered Agent signature r					City			FL Zip Cod	e	
SIGNATURE Signature, typed or printed nume of registered agent and life if applicable. (NOTE: Registered Agent signature required when rendature) DATE			or the purpose of changing its	register	ed office or registe	ered agent, or both	n, in the State of F	lorida. I am familiar with,	and accept	
NOTE: Repeated promise name of registered agent and after August Rotter Repeated when rematuring) Charge Refered May 1, 2007 Fee will be \$550.00 Prusi Fund Contribution. S.5.00 May Be Added to Fees	ine obliga	ions or registered agent.								
### After May 1, 2007 Fee will be \$50.00 Trust Fund Contribution	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
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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, with all other like empowered.

SIGNATURE: _^

TPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

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352-361-05