2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 519743

FILED Jan 14, 2009 Secretary of State

Entity Nar	ne: DIEMOI	LD MACHINE CON	IPANY, INC.			•		
Current Principal Place of Business:				New Princ	New Principal Place of Business:			
SO COMM	NER LN SE ERCIAL PK 5, FL 33912	US						
Current Mailing Address:				New Mailir	New Mailing Address:			
SO COMM	NER LN SE ERCIAL PK 8, FL 33912	US						
FEI Number: 34-0969606		FEI Number App	FEI Number Applied For () FEI Nu		cable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
2350 BRUI S. COMME		JSTRIAL PARK						
	named entity of Florida.	y submits this state	ment for the purp	oose of changing it	s registere	d office or registered agent, o	r both,	
SIGNATUR	RE:							
Electronic Signature of Registered Agent						Date		
Election Can	npaign Financi	ing Trust Fund Contri	bution ().					
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	PD (BOEHNKE, U 2350 BRUNE FT MYERS, F	R LANE SE		Title: Name: Address: City-St-Zip:		(X) Change () Addition ULRICH K, ER LANE SE FL 33912 US		
Title: Name: Address: City-St-Zip:	R (BOEHNKE, U 6788 DANAH FT MYERS, F	СТ		Title: Name: Address: City-St-Zip:	R BOEHNKE, 6788 DANA FT MYERS,			
Title:	VP (() Delete		Title:	TR	(X) Change () Addition		

Title: VP () Delete
Name: BRYAN, DONALD T
Address: 9701 LAS CASAS DR
City-St-Zip: FORT MYERS, FL 33919

Title: () Delete

Name: Address: City-St-Zip: Title: VP () Change (X) Addition Name: BOEHNKE, TERESA Address: 6788 DANAH COURT

BRYAN, DONALD T

9701 LAS CASAS DR

FORT MYERS, FL 33919 US

City-St-Zip: FORT MYERS, FL 33908 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.

Name:

Address:

City-St-Zip:

SIGNATURE: ULRICH K BOEHNKE PD 01/14/2009