


2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 610188</b>	
1. Entity Name DIPLOMATIC CORPS.	

Principal Place of Business 516 DELANNOY AVE. COCOA, FL 32922	Mailing Address P.O. BOX 3767 COCOA, FL 32924
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**DO NOT WRITE IN THIS SPACE**

01182008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1884949	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KIRSCHENBAUM, MALCOLM R.  
516 DELANNOY AVE  
COCOA, FL 32922

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

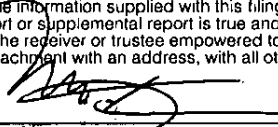
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000910724 05/07/08-80012-017 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KIRSCHENBAUM, MALCOLM R 516 DELANNOY AVE COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STV KIRSCHENBAUM, JANE S 516 DELANNOY AVE COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCDANIEL, LARRY 516 DELANNOY AVE COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**  **Malcolm R. Kirschenbaum** 4/16/08 301-631-2022

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