

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000006255

1. Entity Name  
DIAMOND INNOVATIONS, INC.



Principal Place of Business  
6325 HUNTLEY ROAD  
WORTHINGTON, OH 43085

Mailing Address  
6325 HUNTLEY ROAD  
WORTHINGTON, OH 43085

**FILED**  
**Aug 04, 2008 08:00 AM**  
**Secretary of State**



07082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0456549

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PDC  
FRATTO, TANYA  
6325 HUNTLEY ROAD  
WORTHINGTON, OH 43085

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ASKIN, RICHARD M  
1702 NEVINS RD.  
FAIR LAWN, NJ 07410

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPT  
MURREN, MICHAEL  
6325 HUNTLEY ROAD  
WORTHINGTON, OH 43085

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
MILLER, PAULA  
6325 HUNTLEY ROAD  
WORTHINGTON, OH 43085

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000957133  
08/04/08-80010-024 \$50.00

**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:

*PAULA MILLER*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULY 17/08  
Date

(614) 438-5617  
Daytime Phone #