

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2006 8:00 am
Secretary of State

06-12-2006 90003 025 ***150.00

DOCUMENT # F04000005107 1. Entity Name DIAMONT COMPANY INC.			
Principal Place of Business 294 HEYWOOD HOUSE SOUTH HILL WEST INDIES,		Mailing Address 4030 TURQUOISE TRAIL WESTON, FL 33331	
2. Principal Place of Business 294 HEYWOOD HOUSE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State ANGUILLA, OC Zip 00000 Country		City & State Zip Country	
4. FEI Number 98-0382542		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301-2960		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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRABTREE, GRAHAM 294 HEYWOOD HOUSE, SOUTH HILL WEST INDIES,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRABTREE, GRAHAM 294 HEYWOOD HOUSE ANGUILLA, OC 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLENBOGEN, SARAH KRAFT 4030 TURQUOISE TRAIL WESTON, FL 33331	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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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: Sarah Kraft Ellenbogen Sarah Kraft Ellenbogen 6/4/06 (954)385 8585 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			