

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 04, 2006 8:00 am**  
**Secretary of State**

08-04-2006 90016 004 \*\*\*150.00

**DOCUMENT # F04000005470**

1. Entity Name  
**DIAMOND RESTORATION, INC.**



Principal Place of Business

**8 LEWIS CIRCLE  
LEWIS COMMERCIAL CENTER  
WILMINGTON, DE 19804**

Mailing Address

**8 LEWIS CIRCLE  
LEWIS COMMERCIAL CENTER  
WILMINGTON, DE 19804**

2. Principal Place of Business  
**4 LEWIS Circle**

3. Mailing Address  
**4 LEWIS CIRCLE**

Suite, Apt. #, etc.

**LEWIS COMMERCIAL CENTER**

Suite, Apt. #, etc.

**LEWIS COMMERCIAL CENTER**

City & State

**WILMINGTON, DE 19804**

City & State

**WILMINGTON, DE 19804**

Zip

**19804**

Country

**US**

Zip

**19804**

Country

**US**

06222006

Chg-P

CR2E034 (11/05)

4. FEI Number

**91-2197680**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**NASE, ELYMUS  
17817 SE 158TH COURT  
WEIRSDALE, FL 32195**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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

TITLE PD ☐ Delete  
NAME **MCCORMICK, TIMOTHY**  
STREET ADDRESS **12 KNIGHTS CROSSING**  
CITY-ST-ZIP **NEWARK, DE 19713**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☐ Change ☒ Addition  
NAME **MCCORMICK, ROBIN**  
STREET ADDRESS **12 KNIGHTS CROSSING**  
CITY-ST-ZIP **NEWARK, DE 19713**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **TIMOTHY MCCORMICK** 7-31-06 302-995-1580  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #