

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000003024
 1. Entity Name
 DIAMOND FOODS, INC.



Principal Place of Business
 1050 S DIAMOND STREET
 STOCKTON, CA 95205

Mailing Address
 PO BOX 1727
 STOCKTON, CA 95201

DO NOT WRITE IN THIS SPACE



03142007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2556965	Applied For Not Applicable
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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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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	CP MENDES, MICHAEL 1050 S DIAMOND STREET STOCKTON, CA 95205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, GARY 1050 S DIAMOND STREET STOCKTON, CA 95205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HALIO, SETH 1050 S DIAMOND STREET STOCKTON, CA 95205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KEIPER, SAMUEL 1050 S DIAMOND STREET STOCKTON, CA 95205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/25/07-80053-008 150.00

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: Seth Halio Seth Halio 4/10/07 (709) 467-6220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #