## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 10, 2006 08:00 AM Secretary of State DOCUMENT # F86274 Entity Name DIANA B, INC. Principal Place of Business Mailing Address 2660 S OCEAN DR 2660 S OCEAN DR APT 101N **APT 101N** PALM BEACH, FL 33480 บร PALM BEACH, FL 33480 CR2E034 (11/05) No Chg-P 04072006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 23-2003119 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent DO NOT WRITE BURGER, DIANA 2660 S OCEAN DR **APT 101N** IN THIS SPACE PALM BEACH, FL 33480 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. DATE Signature, typed or printed name of registered egent and title it applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May 8e 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MAME MARCUS, JEFFRY STREET ADDRESS 8890 W. OAKLAND PARK BLVD STE 202 SUNRISE, FL 33351 CITY-ST-ZIP DILE U00000497636 BURGER, DIANA MAME 04/22/08-80063-013 150.00 2660 S OCEAN DR APT 101N STREET ADDRESS PALM BEACH, FL 33480 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE DILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 path; 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:

CITY-ST-ZIP MILE NAME STREET ADDRESS CITY-ST-ZIP

Dayinne Phone #

**FILED**