


2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90061 011 \*\*\*150.00

<b>DOCUMENT # G44962</b> 1. Entity Name <b>DIAMOND &amp; DIAMOND, P.A.</b>					
Principal Place of Business <b>2036 MCGREGOR BLVD</b> <b>2036 MCGREGOR BLVD.</b> <b>FORT MYERS, FL 33901</b> <b>US</b>			Mailing Address <b>PO DRAWER 2590</b> <b>2036 MCGREGOR BLVD.</b> <b>FORT MYERS, FL 33902</b> <b>US</b>		
2. Principal Place of Business - No P.O. Box # <b>2942 Valencia Way</b> Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State <b>Ft Myers FL</b>			City & State City    State		
Zip    Country <b>33901</b> <b>US</b>			Zip    Country Zip    Country		
4. FEI Number <b>59-2299922</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>DIAMOND, ANTHONY J.</b> <b>2036 MCGREGOR BLVD.</b> <b>FT. MYERS, FL 33901</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2942 Valencia Way</b> City    State    Zip Code <b>Ft Myers FL 33901</b>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>DIAMOND, ANTHONY J.</b> <b>2036 MCGREGOR BLVD.</b> <b>FT. MYERS, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2942 Valencia Way</b> <b>Ft Myers FL 33901</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>DIAMOND, STELLA</b> <b>2036 MCGREGOR BLVD.</b> <b>FT. MYERS, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2904 Valencia Way</b> <b>Ft Myers FL 33901</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <i>Stella Diamond</i> <b>Stella Diamond</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/29/07</b> <b>239 334 4401</b> <small>Date    Daytime Phone #</small>		