2007 FOR PROFIT CORPORATION ANNUAL REPORT					FILED Feb 28, 2007 8:00 am				
DOCUMENT # G48447 1. Entity Name DIZNEY DOUBLE DIAMOND, INC.					Secretary of State 02-28-2007 90003 019 ***150.00				
Principal Place of Business 603 MAIN STREET P.O. BOX 1100 WINDERMERE, FL 34786-1100 US		Mailing Address P. O. BOX 1100 WINDERMERE, FL 34786-1100 US)2530で)2530で	AT ATATI ATATE BIALI ATATI AT		ik i 11 160)	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01172007	Chg-P	CR2E034 (12	/06)		
City & State		City & State			4. FEI Numbe				lied For Applicable
Zip	Country	Zip Couni		ry	5. Certificate of Status Desired Fee Requir			5 Addit	
·····	6. Name and Address of Curren	t Registered Agent		Name	7. Name and	Address of New I			
BARKMAN, KEVIN 603 MAIN STREET WINDERMERE, FL 34786			-		(P.O. Box Number is Not Acceptable)				
	and the second	e e ter		City			FL Zip	o Code	
	e named entity submits this statement f		registere	d office or register	ed agent, or bo	h, in the State of Fl		with, a	nd accept
SIGNATURE.	Signature, typed or printed name of registered agen	t and title if enninetities (MOT		Agent signature required			DATE		
FIL	E NOW!!! FEE IS \$150.00	9. Election Campa	ign Finand		.00 May Be				<u> </u>
After M	ay 1, 2007 Fee will be \$550			L. Add	ed to Fees				
10. TITLE	OFFICERS AND		11. TITLE		ADDITIONS/	CHANGES TO OF			IN 11
NAME STREET ADDRESS CITY-ST-ZIP	DIZNEY, DONALD R. 603 MAIN STREET WINDERMERE, FL			T ADDRESS ST-ZIP					
TITLE NAME STREET ADDRESS	P DIZNEY, DAVID A 603 MAIN STREET	Delete		T ADDRESS			Ch:	ange	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	WINDERMERE, FL V BRAND, DEIRDRE D 603 MAIN STREET	Delete	TITLE NAME	ST-ZIP			Ch:	ange	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	WINDERMERE, FL V DIZNEY, IRENE M. 603 MAIN STREET	Delete	CITY-: TITLE NAME STREE				Chi	ange	Addition
CITY-ST-ZIP	WINDERMERE, FL 34786			ST-ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BRAND, ROGER 603 MAIN STREET WINDERMERE, FL 34786	Delete		T ADORESS ST-ZIP			Ch:	ange	Addition
TITLE NAME STREET ADORESS CITY - ST - ZIP		Delete		T ADDRESS ST- ZIP		• • • • •	Cha	ange	Addition
12. I hereby a indicated of the cor changed	certify that the information supplied with I on this report or supplemental report rporation or the receiver or trusted emp , or on an attackment with an address, where F-	h this filing does not qualify for is true and accurate and that r sowered to execute this report with all other like empowered	or the exer ny signatu as require	mptions contained ure shall have the s ed by Chapter 607	l in Chapter 119 same legal effec 7, Florida Statute	, Florida Statutes. t as if made under s; and that my nam	I further certify that oath; that I am an o ne appears in Block	the info fficer of 10 or E	ormation r director Block 11 if
SIGNATURE: Donald R. Dizney 407-876-2200 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date									