2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED Feb 08, 2001 8:00 am Secretary of State **DOCUMENT # H22675** THE BEST DEAL IN TOWN DIAMOND & GOLD MINES, INC. 02-08-2001 90187 006 ***150.00 Mailing Address Principal Place of Business 12801 VILLAGE BLVD. JOHN'S PASS VILLAGE 12801 VILLAGE BLVD. JOHN'S PASS VILLAGE DUDIOUZU ART'S COVE CRAFTS BLDG. ART'S COVE CRAFTS BLDG. MADEIRA BCH, FL 33708 MADEIRA BCH. FL 33708 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2451087 Not Applicable \$8.75 Additional -- -~Zip ---Zip Country Country -5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FERGUSON, R.A. Street Address (P.O. Box Number is Not Acceptable) 12801 GULF BLVD. MADEIRA BCH, FL 33708 Zip Code City FL 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 Mãy Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. \square Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition TITI F ☐ Delete TITLE FERGUSON, R.A. NAME NAME STREET ADDRESS STREET ADDRESS 19500 GULF BLVD #404 CITY-ST-ZIP CITY-ST-ZIP INDIAN SHORES FL ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNING OFFICER OR DIRECTO