2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE AND TYPED OR PRINTED NAME OF

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # J22535 1. Entity Name 04-26-2004 91022 040 ***150.00 DIAMOND G INVESTMENTS, INC. Principal Place of Business Mailing Address 1728 LEE JANZEN DR 1728 LEE JANZEN DR KISSIMMEE FL 34744 KISSIMMEE FL 34744 2. Principal Place of Business 3. Mailing Address 1509 Eagles Landing 1509 Egales Landina CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2695265 Missimmee issimmee Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 15A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GROSS, C.N., JR. 1728 LEE JANZEN DR KISSIMMEE FL 34744 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 the obligations of registered agent FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE DST ☐ Delete TITLE ☐ Change Addition GROSS, C.N., JR. NAME NAME 25 E. 17TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. CLOUD FL CITY-ST-ZIP D TITLE ☐ Delete TITLE ☐ Change Addition NAME GROSS, DARLENE, Y. NAME STREET ADDRESS 1728 LEE JANZEN DR STREET ADDRESS KISSIMMEE FL 34744 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 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:

FILED