



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90498 007 \*\*\*150.00

<b>DOCUMENT # K13481</b> 1. Entity Name <b>NORTH STAR DIAMONDS INC.</b>					
Principal Place of Business <b>114 W.MAGNOLIA ST. SUITE 400-102 BELLINGHAM, WA 98225</b>			Mailing Address <b>114 W.MAGNOLIA ST. SUITE 400-102 BELLINGHAM, WA 98225</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<b>54039844</b> 	
City & State		City & State		4. FEI Number <b>65-0032447</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
Name <b>Incorp Services, Inc.</b>				Name <b>Incorp Services, Inc.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>103 North Meridian Street</b>				Street Address (P.O. Box Number is Not Acceptable) <b>103 North Meridian Street</b>	
City <b>Tallahassee</b>				City <b>FL</b>	
Zip <b>32301</b>				Zip Code <b>32301</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: <u><i>Ruth Hanson</i></u> on behalf of <u><i>Incorp Services, Inc.</i></u>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO STUNDER, WALTER 114 W.MAGNOLIA ST. BELLINGHAM, WA 98225		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MAXWELL, DAVID 114 W.MAGNOLIA ST. BELLINGHAM, WA 98225		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCRAE, OWEN 114 W.MAGNOLIA ST. BELLINGHAM, WA 98225		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	
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	
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 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 powers like empowered.					
<b>SIGNATURE:</b> <u><i>[Signature]</i></u>					
Signature and typed or printed name of signing officer or director					
Date <u><i>April 13/04</i></u> Daytime Phone # <u><i>604-685-1527</i></u>					