


2005 FOR PROFIT CORPORATION ANNUAL REPORT

NS Nevada FILED
 Apr 28, 2005 08:00 AM
 #1006
 \$150
 Secretary of State

DOCUMENT # K13481
 1. Entity Name
 NORTH STAR DIAMONDS INC.



Principal Place of Business Mailing Address
 114 W.MAGNOLIA ST.
 SUITE 400-102
 BELLINGHAM, WA 98225 114 W.MAGNOLIA ST.
 SUITE 400-102
 BELLINGHAM, WA 98225



04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 4. FEI Number 65-0032447 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 INCORP SERVICES, INC.
 103 NORTH MERIDIAN STREET
 TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCEO STUNDER, WALTER 114 W. MAGNOLIA ST. BELLINGHAM, WA 98225 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFO MAXWELL, DAVID 114 W. MAGNOLIA ST. BELLINGHAM, WA 98225 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MCRAE, OWEN 114 W. MAGNOLIA ST. BELLINGHAM, WA 98225 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000339268
 04/28/05-80065-019 150.00
DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 recorder 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: _____
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 26, 2005 877-454-7872
Date Daytime Phone #