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03 NOV 20 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR) AMENDED**

DOCUMENT # K13481			
1. Entity Name <b>NORTH STAR DIAMONDS INC.</b>			
Principal Place of Business 114 W. MAGNOLIA ST. SUITE 400-128 <b>STE 400-102</b> BELLINGHAM, WA 98225		Mailing Address 114 W. MAGNOLIA ST. SUITE <del>400-128</del> <b>400-102</b> BELLINGHAM, WA 98225	
2. Principal Place of Business <b>114 W MAGNOLIA ST</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>SUITE 400-102</b>		Suite, Apt. #, etc.	
City & State <b>BELLINGHAM, WA.</b>		City & State	
Zip <b>98228</b>	Country <b>USA.</b>	Zip	Country
4. FEI Number <b>65-0032447</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>TYRE, WILLIAM 2008 O'BRACIA ST. TAMPA, FL 33629</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
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. 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 amending)	
		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STDC NAYLOR, DAVID 114 W MAGNOLIA STREET, SUITE 400-128 BELLINGHAM, WA 98225 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, CEO WALTER STUNDER 114 W. MAGNOLIA ST. 400-102 BELLINGHAM, WA 98225 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, CHRIS 114 W MAGNOLIA STREET STE 400-128 BELLINGHAM, WA 98225 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHIEF FINANCIAL OFFICER DAVID MAYNELL 114 W. MAGNOLIA ST. 400-102 BELLINGHAM, WA 98225 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NARWAL, SAKWINDER 114 W MAGNOLIA STREET STE 400-128 BELLINGHAM, WA 98225 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY OWEN C MCRAE 114 W. MAGNOLIA ST. 400-102 BELLINGHAM, WA 98225 <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 is true and accurate 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 appropriate signature and other information.			
SIGNATURE _____		Date <b>June 11/03</b> <b>604-685-1527</b>	
Signature and typed or printed name of signing officer or director		Date	

CR2034 (10/02)

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11/20/03-01063-019 \*\*10.00

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