


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90034 003 \*\*\*\*50.00

<b>DOCUMENT # L06000001380</b>		
1. Entity Name <b>DIAMOND WATER PRODUCTS LLC</b>		

Principal Place of Business <b>PO BOX 667406 POMPANO BEACH, FL 33066-7406</b>	Mailing Address <b>PO BOX 667406 POMPANO BEACH, FL 33066-7406</b>
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2. Principal Place of Business - No P.O. Box # <b>1019 S.W. 13th Court</b>		3. Mailing Address	
Suite, Apt. #, etc. <b># 64</b>		Suite, Apt. #, etc.	
City & State <b>Pompano Beach, FL.</b>		City & State	
Zip <b>33069</b>	Country <b>U.S.A.</b>	Zip	Country



04132007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>16-1747733</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		

6. Name and Address of Current Registered Agent <b>CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD, #221E PALM BEACH GARDENS, FL 33410</b>		7. Name and Address of New Registered Agent	
		Name <b>Jeffrey L. Kinsey</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>2104 S. Cypress Bend Drive #106</b>	
		City <b>Pompano Beach</b>	Zip Code <b>33069</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.

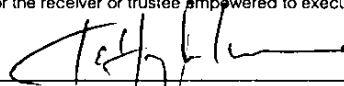
SIGNATURE  DATE **4-13-07**

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

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KINSEY, JEFFREY L PO BOX 667406 POMPANO BEACH, FL 330667406 <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
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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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE **4-13-07** DAYTIME PHONE # **954-448-9485**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE