

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

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

**DOCUMENT # L06000001380**

1. Entity Name  
**DIAMOND WATER PRODUCTS LLC**



Principal Place of Business  
**PO BOX 667406  
 POMPANO BEACH, FL 33066-7406**

Mailing Address  
**PO BOX 667406  
 POMPANO BEACH, FL 33066-7406**

2. Principal Place of Business - No P.O. Box #  
**1019 S.W. 13th Court**

Suite, Apt. #, etc.  
**# 64**

City & State  
**Pompano Beach, FL.**

Zip  
**33069** Country  
**U.S.A.**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

40010000



04132007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**16-1747733**

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK INC.  
 11380 PROSPERITY FARMS ROAD, #221E  
 PALM BEACH GARDENS, FL 33410**

7. Name and Address of New Registered Agent

Name  
**Jeffrey L. Kinsey**

Street Address (P.O. Box Number is Not Acceptable)  
**2104 S. Cypress Bend Drive #106**

City  
**Pompano Beach** FL Zip Code  
**33069**

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 *Jeffrey L. Kinsey* DATE **4-13-07**

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

**Filing Fee is \$50.00 Due by May 1, 2007**

**Make check payable to Florida Department of State**

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
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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: *Jeffrey L. Kinsey* DATE **4-13-07** DAYTIME PHONE # **954-448-9485**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #