



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2005 8:00 am
Secretary of State

05-24-2005 90122 032 ***150.00

DOCUMENT # L15292 1. Entity Name DIOT, INC.					
Principal Place of Business % REZANKA, PAUL W. P. O. BOX 542594 MERRITT ISLAND, FL 32954				Mailing Address 250 N GROVE ST. MERRITT ISLAND, FL 35953	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>111 Furman Rd</i> Suite, Apt. #, etc.		 05032005 Chg-P CR2E034 (10/03)	
City & State		City & State <i>Merritt Isl FL</i>			
Zip <i>32953</i>	Country <i>Broward</i>	4. FEI Number 59-2963545			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent REZANKA, PAUL W. 250 GROVE ST. MERRITT ISLAND, FL 32952				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 <i>may 1st 05</i>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<i>\$150.00</i>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD REZANKA, PAUL W. 1715 YATES DR MERRITT ISLAND, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S REZANKA, WILLIAM R. 1253 SLEEPY HOLLOW LN ROCKLEDGE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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 other like empowered.					
SIGNATURE: <i>Paul Rezanka</i> PAUL REZANKA <i>May 11/05</i> <i>(321)452-2611</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					