


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L15292		
1. Entity Name DIOT, INC.		

Principal Place of Business % REZANKA, PAUL W. P. O. BOX 542594 MERRITT ISLAND, FL 32954	Mailing Address 111 FURMAN RD MERRITT ISLAND, FL 35953
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2. Principal Place of Business 111 Furman Rd	3. Mailing Address
Suite, Apt. #, etc. Merritt Isl.	Suite, Apt. #, etc.
City & State FL	City & State
Zip 32953	Country Brazil

FILED
06 APR 21 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03202006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2963545	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 PAUL W. REZANKA Street Address (P.O. Box Number is Not Acceptable) 111 Furman Rd. Merritt Isl. City FL Zip Code 32953
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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
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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

12. 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 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:  PAUL REZANKA APR 11/06 (321) 452-2611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #