


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L83103
 1. Entity Name
 DIAMOND PRECISION MACHINE, INC.



Principal Place of Business Mailing Address
 2300 COMMERCE PARK DR. 2300 COMMERCE PARK DR.
 SUITE 5(A), WOODLAKE COMMERCE CENTER SUITE 5(A), WOODLAKE COMMERCE CENTER
 PALM BAY, FL 32905 PALM BAY, FL 32905



02102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-3019393 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SQUILLANTE, MICHAEL J.
 2300 COMMERCE PARK DR., SUITE 5(A)
 WOODLAKE COMMERCE CENTER
 PALM BAY, FL 32905

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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, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SQUILLANTE, MICHAEL J. 1353 UNTER AVE., NW PALM BAY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SQUILLANTE, ROBIN 1353 UNTER AVE NW PALM BAY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/29/05-80077-017 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Michael J Squillante MICHAEL J SQUILLANTE 4-18-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #