


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # L83103 1. Entity Name DIAMOND PRECISION MACHINE, INC.	
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Principal Place of Business 2300 COMMERCE PARK DR. SUITE 5(A), WOODLAKE COMMERCE CENTER PALM BAY, FL 32905	Mailing Address 2300 COMMERCE PARK DR. SUITE 5(A), WOODLAKE COMMERCE CENTER PALM BAY, FL 32905
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03042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3019393	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent

SQUILLANTE, MICHAEL J.
 2300 COMMERCE PARK DR., SUITE 5(A)
 WOODLAKE COMMERCE CENTER
 PALM BAY, FL 32905

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000902483
 04/30/08-80007-023 150.00

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	

DO NOT WRITE IN THIS SPACE

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:  **MICHAEL J SQUILLANTE** **4/14/08 321 729 8453**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #