2005 NOT-FOR-PROFIT CORPORATION

Feb 24, 2005 8:00 am Secretary of State ANNUAL REPORT 02-24-2005 90045 026 ****70.00 DOCUMENT # N00000003820 1. Entity Name DIAMOND WATER SKI SHOW TEAM, INC. Principal Place of Business Mailing Address 329 SEMINOLA BLVD. 329 SEMINOLA BLVD. 50018775 CASSELBERRY, FL 32707 CASSELBERRY, FL 32707 2. Principal Place of Business 405) Redmond Place Mailing Address 123 E. Fredrick Ave Suite Ant #, etc Suite, Apt. #, etc. 01122005 CR2E037 (10/03) Chg-NP Applied For City & State City & State 4. FEI Number 59-3675779 Not Applicable ake Maru scintord Country \$8.75 Additional A 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Bloom BRAULT, JACQUELYN Street Address (P.O. Box Number is Not Acceptable) 329 SEMINOLA BLVD. CASSELBERRY, FL 32707 4651 Redmand 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. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. ☐ Addition TITLE ☐ Delete TITLE David Brault BRAULT, DAVID MAME NAME 4422 Endgewater Dr. 4422 BRIDGEWATER DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP <u>Ortando. Pl. 32817</u> CITY-ST-ZIP ORLANDO, FL 32817 Change Addition Delete TITLE Alicia Decker TITLE BLAIS, PAUL NAME NAME 5334 Birchbend Loop STREET ADDRESS 329 SEMINOLA BLVD STREET ADDRESS Oviedo FL 32765 CASSELBERRY, FL 32707 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE PD Alan Bloom 4651 Redmand Place Sanford, PL 32771 BRAULT, JACQUELYN NAME NAME 4422 BRIDGEWATER DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -ORLANDO-FL: 32817 CITY-ST-7IP ☐ Change ☐ Addition Delete TIT) E TITLE CLINE, CHRISTY NAME STREET ADDRESS 123 E FREDERICK AVE STREET ADDRESS CITY-ST-ZIP LAKE MARY, FL 32746 CITY-ST-ZIP Change TITLE ☐ Delete Addition maureon Schwartz 123E. Fredrick Ave SCHWARTZ, MAUREEN NAME NAME 123 E. FREDRICK AVE. STREET ADDRESS STREET ADDRESS Lake Mary. CITY - ST- ZIP LAKE MARY, FL. 32746 CITY-ST-7IP

NAME
STREET ADDRESS
OLTY-ST-ZIP

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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter or an attachment with an address with all-offer its report as required by Chapter 617, 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.

TITLE

VD

SIGNATURE:

D

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

407-463-8800

Change

☐ Addition

FILED