

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003820

FILED
Apr 20, 2007
Secretary of State

Entity Name: DIAMOND WATER SKI SHOW TEAM, INC.

Current Principal Place of Business:

4651 REDMOND PLACE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

4651 REDMOND PLACE
SANFORD, FL 32771

New Mailing Address:

FEI Number: 59-3675779

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLOOM, ALAN
4651 REDMOND PLAVE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: BOKEL, PAUL
Address: 4629 DAISY DR
City-St-Zip: KISSIMMEE, FL 34746

Title: D (X) Delete
Name: DECKER, ALICIA
Address: 5334 BIRCHBEND LOOP
City-St-Zip: OVIEDO, FL 32765

Title: PD () Delete
Name: BLOOM, ALAN
Address: 4651 REDMOND PLAVE
City-St-Zip: SANFORD, FL 32771

Title: TD () Delete
Name: EWERT, SHANNA
Address: 705 OAK TERRACE
City-St-Zip: ORANGE CITY, FL

Title: D () Delete
Name: FRAUSTRO, VICKI
Address: 106 DONNA CIRCLE
City-St-Zip: SANFORD, FL 32773

Title: VD () Delete
Name: BLAIS, ROBIN
Address: 329 SEMINOLA BLVD.
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: GORDON, WHITE
Address: 2012 SAWGRASS DR
City-St-Zip: APOPKA, FL 32712

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: PAUL, BLAIS
Address: 329 SEMINOLA BLVD
City-St-Zip: CASSELBERRY, FL 32707

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN J. BLOOM

PD

04/20/2007

Electronic Signature of Signing Officer or Director

Date