

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 20, 2007  
Secretary of State**

DOCUMENT# N00000003820

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