

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N04000004579</b> 1. Entity Name <b>DIAMONDS IN THE ROUGH FARM, INC.</b>				 FILED 2008 OCT 16 PM 2:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA 10-17-08 	
Principal Place of Business <b>8000 CR 208 ST AUGUSTINE, FL 32092</b>		Mailing Address <b>8000 CR 208 ST AUGUSTINE, FL 32092</b>			
2. Principal Place of Business - No P.O. Box # <b>4411 RUESLANDING RD</b>		3. Mailing Address <b>Same</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>ST. AUGUSTINE FL</b>		City & State 		4. FEI Number <b>20-1041384</b>	
Zip <b>32092</b>		Country 		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MATTE, MARIE 3395 RAULERSON RD ST AUGUSTINE, FL 32092</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4411 Rues Landing Rd</b> <b>St. Augustine, FL 32092</b> City <b>FL</b> Zip Code	
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 <u>Marie Matte</u> <b>MARIE MATTE</b> <b>Sept 13, 2008</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT <b>MATTE, MARIE - PRESIDENT</b> <b>8000 CR 208 ST AUGUSTINE, FL 32092</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Derek Grubbs</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>343 CASUARINA CIRCLE</b> <b>St. Augustine, FL DIRECTOR</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VP</del> <b>CHELGREN LORA</b> <input checked="" type="checkbox"/> Delete <b>8000 CR 208 SAINT AUGUSTINE, FL 32092</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ELIZABETH TOPP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>3601 Kernan Blvd. S.</b> <b>Apt. 533 DIRECTOR</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>5</del> <b>MATTE, REBECCA</b> <input type="checkbox"/> Delete <b>14671 BONAIRE BLVD APT 201 DIRECTOR</b> <b>DELRAY BEACH, FL 33446</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Jacksonville, FL 32224</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100136979731</b> <b>10/16/08--01032--002</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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.					
SIGNATURE: <u>Marie Matte</u> <b>MARIE MATTE</b> <b>Sept 13 2008</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

(904) 347-6542