2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007
Secretary of State

DOCUMENT# N05000003788

Entity Name: CORAL DIAMOND ENTERPRISES, INC.

Current Principal Place of Business:

1600 MARTIN LUTHER KING STREET SOUTH
ST. PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

1600 MARTIN LUTHER KING STREET SOUTH
ST. PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 20-2672054 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

AQUIL, ASKIA M
1600 MARTIN LUTHER KING STREET SOUTH
ST. PETERSBURG, FL 33701 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: PD ( ) Delete
Name: ROWAN, ROBERT
Address: 1345 BRIGHTWATERS BLVD NE
City-St-Zip: ST. PETERSBURG, FL 33704

Title: VP ( ) Delete
Name: HENDRIEX, VALERIE
Address: 5109 DR M L KING, JR STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33705

Title: DS ( ) Delete
Name: GAUSMAN, APRIL
Address: 535 KIRKWOOD TERRACE NORTH
City-St-Zip: ST. PETERSBURG, FL 33701

Title: T ( ) Delete
Name: MANDULA, MARK
Address: 1355 BRIGHTWATERS BLVD NE
City-St-Zip: ST. PETERSBURG, FL 33704

Title: D ( ) Delete
Name: AQUIL, ASKIA M
Address: 4730 6TH AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ROWAN, ROBERT
Address: 6687-1 CAPE HATTERAS WAY NE
City-St-Zip: ST. PETERSBURG, FL 33702

Title: VP (X) Change ( ) Addition
Name: NURSE, KARL J
Address: 176 21ST AVENUE SOUTH EAST
City-St-Zip: ST. PETERSBURG, FL 33705

Title: DS (X) Change ( ) Addition
Name: GAUSMAN, APRIL
Address: POST OFFICE BOX 7103
City-St-Zip: ST. PETERSBURG, FL 33734

Title: T (X) Change ( ) Addition
Name: NEWSOME, LARRY J
Address: 6307 PASADENA POINT BLVD
City-St-Zip: GULFPORT, FL 33704

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: ASKIA MUHAMMAD AQUIL D 02/26/2007
Electronic Signature of Signing Officer or Director — Date