## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000003231

FILED May 04, 2009 Secretary of State

Entity Name: DIAMONDBACK TERRAPIN WORKING GROUP, INC.

Current F	Principal Place of Business:	New Principal Pla	ace of Business:
	KIE COURT NVILLE, FL 32216		
Current N	Mailing Address:	New Mailing Add	ress:
	KIE COURT NVILLE, FL 32216		
	r: 20-4926293 FEI Number Applied For ( ) nce with s. 607.193(2)(b), F.S., the corporation did not re	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
lame and	d Address of Current Registered Agent:	Name and Addres	ss of New Registered Agent:
2883 DIĆI	JOSEPH A KIE COURT NVILLE, FL 32216 US		
	e named entity submits this statement for the purp	pose of changing its regist	tered office or registered agent, or both,
	e named entity submits this statement for the purper of Florida.	pose of changing its regist	tered office or registered agent, or both,
	e of Florida.	pose of changing its regist	ered office or registered agent, or both,
n the Stat	e of Florida.		tered office or registered agent, or both,  Date
n the Stat SIGNATU	e of Florida.		
n the Stat SIGNATU	RE:  Electronic Signature of Registered Agent		Date
n the Stat  SIGNATU  DFFICER  ittle: lame: ddress:	RE:  Electronic Signature of Registered Agent  S AND DIRECTORS:  D () Delete BUTLER, JOSEPH A 2883 DICKIE COURT	ADDITIONS/CHA  Title: Name: Address:	Date  NGES TO OFFICERS AND DIRECTOR
on the State SIGNATU  DFFICER  itle: lame: ddress: itty-St-Zip: lame: ddress:	Te of Florida.  RE:  Electronic Signature of Registered Agent  S AND DIRECTORS:  D () Delete  BUTLER, JOSEPH A  2883 DICKIE COURT  JACKSONVILLE, FL 32216  D () Delete  HOLLINGER, MARY B  3227 HOLLAND CLIFFS ROAD	ADDITIONS/CHA  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date  NGES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify 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: BRIAN MEALEY MR. 05/04/2009