2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007117

Entity Name: D.I.A.M.O.N.D.S. OF DESTINY INC.

FILED Apr 25, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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8691 NW 22 AVE MIAMI, FL 33147

Current Mailing Address: New Mailing Address:

8691 NW 22 AVE MIAMI, FL 33147

FEI Number: 72-1617468 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JEFFERSON, TONJA K 8691 NW 22 AVE MIAMI, FL 33147 US

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:

Flatonia Cinadana (Danistana) Annat

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

 Title:
 ED
 () Delete
 Title:
 P
 (X) Change

 Name:
 JEFFERSON, TONJA K
 Name:
 JEFFERSON, TONJA K

 Address:
 140 SW 97 TER
 Address:
 140 SW 97 TER

City-St-Zip: PEMBROKE PINES, FL 33025 City-St-Zip: PEMBROKE PINES, FL 33025

Title: PD () Delete Title: V (X) Change () Addition

Name: JOHNSON-RÌCHARDSON, LYNNISE T Name: JOHNSON-RÌCHARDSON, TAMERA L Address: 4987 SW 127TH WAY Address: 4987 SW 127TH WAY

City-St-Zip: MIRAMAR, FL 33027 City-St-Zip: MIRAMAR, FL 33027

Title: DO () Delete Title: S (X) Change () Addition Name: MATCHETT, DAVIDA Name: JOHNSON, TAMERA Y

 Name:
 MATCHETT, DAVIDA
 Name:
 JOHNSON, TAMER/

 Address:
 1101 NW 90TH STREET
 Address:
 12420 NW 23 AVE

 City-St-Zip:
 MIAMI, FL 33150
 City-St-Zip:
 MIAMI, FL 33167

Title: AA (X) Delete Title: () Change () Addition

 Name:
 JOHNSON, TAMERA
 Name:

 Address:
 12420 NW 23 AVE
 Address:

 City-St-Zip:
 MIAMI, FL 33167
 City-St-Zip:

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: TONJA K. JEFFERSON P 04/25/2007