2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19148

Entity Name: DIAD, INC.

FILED Mar 01, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	MARTIN LUTHE	R KING JR. BLVD.			
#119 FORT MYE	ERS, FL 33916	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
3901 DR. I	MARTIN LUTHE	R KING JR. BLVD.			
#119 FORT MYE	ERS, FL 33916	US			
FEI Number: 59-2807416		FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of Cu	ırrent Registered Agent:	,	of New Registered Agent:	
		ment registered Agent.	Maine and Address (n new neglatered Agent.	
STE 119		R KING JR. BLVD S			
	named entity su of Florida.	ubmits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electronic	Signature of Registered Age	ent	Date	
OFFICERS	S AND DIRECT	ORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD (X) I CAMPBELL, RAN 3155 APACHE S' FORT MYERS, F	Γ	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T ()[JACKSON, WILL 2604 ST CHARLI FORT MYERS, F	ES ST.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () I BEAZELL, THOR 2218 TREEHAVE FORT MYERS, F	N CIR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VC () [MORGAN, MELV 2196 PAULBO S FORT MYERS, F	Γ.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	C () I BROWN, TERES 1520 LEE ST. FORT MYERS, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BM () [KITTLES, JOYCE 2675 MANGO ST FT. MYERS, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WHITE, MARQUIS RA 03/01/2005