
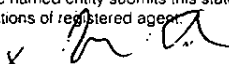
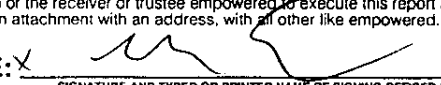


FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90051 005 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000005012			
1. Entity Name QUALITY DIAMOND TOOL, INC.			
Principal Place of Business 3532 PALAIS TERRACE WELLINGTON, FL 33467		Mailing Address 3532 PALAIS TERRACE WELLINGTON, FL 33467	
2. Principal Place of Business 6970 Wallis Road Suite, Apt. #, etc. Suite 1B City & State West Palm Beach, FL Zip 33413 Country USA		3. Mailing Address 6970 Wallis Road Suite, Apt. #, etc. Suite 1B City & State West Palm Beach, FL Zip 33413 Country USA	
01232006		Chg-P CR2E034 (11/05)	
4. FEI Number 65-0978282		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALANIZ, MICHAEL 3532 PALAIS TERRACE WELLINGTON, FL 33467		7. Name and Address of New Registered Agent Name ALANIZ, Michael Street Address (P.O. Box Number is Not Acceptable) 6970 Wallis Road Suite 1B City West Palm Beach FL Zip Code 33413	
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  DATE 1/26/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D ALANIZ, MICHAEL 3532 PALAIS TERRACE WELLINGTON, FL 33467 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP D ALANIZ, Michael 6970 WALLIS ROAD SUITE 1B WEST PALM BEACH, FL. 33413 <input checked="" 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	
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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 607, 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: 		800-285-0163 561-471-3141 1/26/06 Date Daytime Phone #	