


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90049 047 \*\*\*150.00

<b>DOCUMENT # P00000005194</b>	
1. Entity Name GOING DIAMOND, INC.	

Principal Place of Business 2701 NW BOCA RATON BLVD. SUITE 211 BOCA RATON, FL 33431	Mailing Address 2701 NW BOCA RATON BLVD. SUITE 211 BOCA RATON, FL 33431
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2. Principal Place of Business - No P.O. Box # <b>3275 W. HILLSBORO BLVD</b>	3. Mailing Address <b>3275 W. HILLSBORO BLVD</b>
Suite, Apt. #, etc. <b>SUITE 312</b>	Suite, Apt. #, etc. <b>SUITE 312</b>
City & State <b>DEERFIELD BEACH, FL</b>	City & State <b>DEERFIELD BEACH, FL</b>
Zip <b>33442</b>	Country <b>USA</b>

40000000




01122008 Chg-P CR2E034 (12/06)

4. FEI Number 65-1083198	Applied For <input type="checkbox"/> Not Applicable
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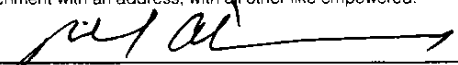
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CARUSO, MICHAEL A 2701 NW BOCA RATON BLVD. SUITE 211 BOCA RATON, FL 33431	7. Name and Address of New Registered Agent Name <b>MICHAEL A. CARUSO</b> Street Address (P.O. Box Number is Not Acceptable) <b>3275 W. HILLSBORO BLVD</b> <b>SUITE 312</b> City <b>DEERFIELD BEACH</b> FL Zip Code <b>33442</b>
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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 <b>PRES. 12-31-07</b>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAROUSO, MICHAEL A 2701 NW BOCA RATON BLVD.#211 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS MICHAEL A. CARUSO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3275 W. HILLSBORO BLVD # 312 DEERFIELD BEACH, FL 33442
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
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
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: 	DATE <b>PRES. 12-31-07</b> 561 702 9319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	