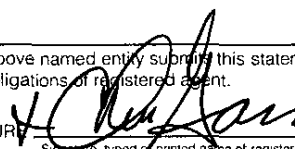
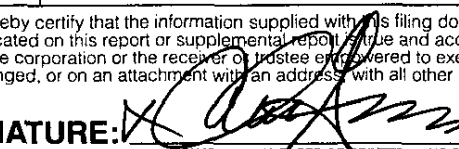


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90035 028 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                              |                                 |                                                                                                                                                      |                                                                                                                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P00000040663</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                              |                                 |                                                                                                                                                      |                                    |  |
| 1. Entity Name<br><b>CONSTRUCTION DIAMOND PRODUCTS INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                              |                                 |                                                                                                                                                      |                                                                                                                     |  |
| Principal Place of Business<br><b>244 NE 28TH RD<br/>BOCA RATON FL 33431</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                              |                                 | Mailing Address<br><b>244 NE 28TH RD.<br/>BOCA RATON FL 33431</b>                                                                                    |                                                                                                                     |  |
| 2. Principal Place of Business<br><b>244 NE 28 TH RD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                              |                                 | 3. Mailing Address<br><b>SAME</b>                                                                                                                    |                                                                                                                     |  |
| Suite, Apt. #, etc.<br><b>BOCA RATON, FL.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                              |                                 | Suite, Apt. #, etc.                                                                                                                                  |                                                                                                                     |  |
| City & State<br><b>33431</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                              |                                 | City & State                                                                                                                                         |                                                                                                                     |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Country                                                      | Zip                             | Country                                                                                                                                              | 4. FEI Number <b>65-1004924</b>                                                                                     |  |
| <b>PALM BEACH.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                              |                                 |                                                                                                                                                      | Applied For<br>Not Applicable                                                                                       |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                              |                                 |                                                                                                                                                      | <b>\$8.75 Additional Fee Required</b>                                                                               |  |
| 6. Name and Address of Current Registered Agent<br><b>GAYNOR, CHRIS<br/>244 NE 28TH RD<br/>BOCA RATON FL 33431</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                              |                                 | 7. Name and Address of New Registered Agent<br>Name <b>SAME</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> Zip Code |                                                                                                                     |  |
| 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>1-21-04</b>                                                                                                 |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                              |                                 |                                                                                                                                                      | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                              |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                |                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PS<br>GAYNOR, CHRIS<br>244 NE 28TH RD<br>BOCA RATON FL 33431 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                              | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                              | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                              | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                              | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                              | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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 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 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>1-21-04</b>                                                                                                 |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                              |                                 |                                                                                                                                                      | Date Daytime Phone #                                                                                                |  |

02000000



MOORE CR2E034 (11/03)