FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 21, 2002 8:00 am Secretary of State P01000005482 DOCUMENT # 1. Entity Name 05-21-2002 91169 015 ***150.00 DIAMOND REALTY GROUP, INC. Principal Place of Business Mailing Address 4341 MUNDELLA CIRCLE POST OFFICE BOX 2697 PORT CHARLOTTE FL 33952 PORT CHARLOTTE FL 33949-2697 P.O. BOX 380686 4341 MyNDELLA CIR. 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE TURDOCK, ORT CHARLOTTE, City & State 4. FEI Number Applied For 65-1072183 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33938-0686 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GERO, KATHRYN J Street Address (P.O. Box Number is Not Acceptable) 4341 MUNDELLA CIRCLE PORT CHARLOTTE FL 33952 Zip Code City 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. 4-29-02 Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ★ Addition TITLE TITLE ☐ Delete 1515 FUNEST NELSON BLOS NAME ساده ورر ــ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT CHANCOTTES, FLA. 33*9\$~~* CITY-ST-ZIP TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition __ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(9/01)**CR2E034**