

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000011121

FILED
Apr 30, 2007
Secretary of State

Entity Name: DIAMOND SECURITY SYSTEMS, INC.

Current Principal Place of Business:

13850-2 TREELINE AVE S
2
FORT MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

13850-2 TREELINE AVE S
FORT MYERS, FL 33913

New Mailing Address:

FEI Number: 65-1084694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OLSSON, RONNY
16160 FOREST OAKS DR
FORT MYERS, FL 33913 US

Name and Address of New Registered Agent:

OLSSON, RONNY
16160 FOREST OAKS DR
FORT MYERS, FL 33908 US

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.

SIGNATURE: RONNY OLSSON

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OLSSON, RONNY
Address: 21232 BRAXFIELD LOOP
City-St-Zip: ESTERO, FL 33928

Title: DS () Delete
Name: OLSSON, CELESTE
Address: 21232 BRAXFIELD LOOP
City-St-Zip: ESTERO, FL 33928

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: OLSSON, RONNY
Address: 16160 FOREST OAKS DR
City-St-Zip: FORT MYERS, FL 33908

Title: DS (X) Change () Addition
Name: OLSSON, CELESTE
Address: 16160 FOREST OAKS DR
City-St-Zip: FORT MYERS, FL 33908

Title: VP () Change (X) Addition
Name: JOINER, ROBERT
Address: 21711 BRIXHAM RUN LOOP
City-St-Zip: ESTERO, FL 33928

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONNY OLSSON

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date