2006 FOR PROFIT CORPORATION

FILED Apr 12, 2006 08:00 AM

ANNUAL REPURI				Secretary of State			
DOCUMENT # P01000013224 1. Entity Name DIAMOND ILLUSIONS, INC. SG					·	ily of C	raic
Principal Place 2760 CREIGH PENSACOLA, I	TON ROAD	Mailing Address 2760 CREIGHTON ROAD PENSACOLA, FL 32504			: 	H BOROL (VODER LIND (VOL)	. Gari dereke kener
D	O NOT WRITE I	CE	04032006 4. FEI Numb 59-371		CR2E034 (1	atavadı ie tölər	
6. Name and Address of Current Registered Agent GIRVEN, SHARON A 2760 CREIGHTON ROAD PENSACOLA, FL 32504			DO NOT WRITE IN THIS SPACE				
the obligation	named entity submits this statement for the one of registered agent. Signature, hipped or printed name of registered agent and the ENOWILL FEE IS \$150.00 by 1, 2006 Fee WILL by \$550.00	od Agent algnatura required		th, in the State of Flo	rida. I em familia	r with, and accept	
TO. TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIRI DP GIRVEN, SHARON A 2760 CREIGHTON ROAD PENSACOLA, FL 32504	ECTORS			NOT W	RITE	3 -003 150.
NAME STREET ADDRESS							

12. Thereby certify that the information supplied with this filling 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 it made under oath; that I am an officer or director of the corporation or the receiver of 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 eddress, with all other likelympowered.

STRUCTURE AND TYPED OR PRINTED NAME OF SCHING OFFICER OR DIRECTOR

SIGNATURE: