

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90052 015 \*\*\*150.00

DOCUMENT # P01000072126

1. Entity Name

DIAMOND DUAL EXHAUST INC.



Principal Place of Business

401 NE 6TH AVENUE  
DELRAY BEACH FL 33483

Mailing Address

3435 ROSTAN LANE  
LAKE WORTH FL 33461



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

401 NE 6TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DELRAY BEACH, FL

Zip

Country

Zip

Country

33483

US

4. FEI Number

65-1121368

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

MAY, SCOTT  
3435 ROSTAN LANE  
LAKE WORTH FL 33461

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when registering)

DATE

2-6-07

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D  
NAME MAY, SCOTT  
STREET ADDRESS 3435 ROSTAN LANE  
CITY ST-ZIP LAKE WORTH FL 33461 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST-ZIP ☐ Delete

TITLE  
NAME  
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CITY ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE OWNER  
NAME SCOTT MAY  
STREET ADDRESS 401 NE 6TH AVENUE  
CITY ST-ZIP DELRAY BEACH, FL 33483 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST-ZIP ☐ Change ☐ Addition

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CITY ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-07

Date

561-272-0644

Daytime Phone #