


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90109 020 \*\*\*150.00

**DOCUMENT # P01000080390**

1. Entity Name  
**DIAMOND ROAD, INC.**



Principal Place of Business      Mailing Address

2813 S HIAWASSEE RD.  
 304  
 ORLANDO FL 32835

2813 S HIAWASSEE RD.  
 304  
 ORLANDO FL 32835



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**59-3743588**       Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**WHITFIELD, GARRY**  
**2813 S HIAWASSEE RD.**  
**STE. 304**  
**ORLANDO FL 32835**

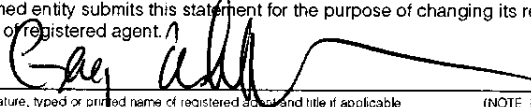
**7. Name and Address of New Registered Agent**

Name: **GARRY WHITFIELD, CPA**

Street Address (P.O. Box Number is Not Acceptable):  
**2813 S. HIAWASSEE RD., STE 201**

City: **ORLANDO**      State: **FL**      Zip Code: **32835**

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: **4/28/05**

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	DP	<input type="checkbox"/> Delete
NAME	STAPP, SCOTT	
STREET ADDRESS	15 S. ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TREMONTI, MARK	
STREET ADDRESS	15 S. ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	DS	<input type="checkbox"/> Delete
NAME	PHILLIPS, SCOTT	
STREET ADDRESS	15 S. ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	WHITFIELD, GARRY	
STREET ADDRESS	1261 LINCOLN AVE. STE 216	
CITY-ST-ZIP	SAN JOSE CA 95125	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2813 <sup>S</sup> HIAWASSEE RD., STE 201	
CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2813 <sup>S</sup> HIAWASSEE RD., STE 201	
CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2813 <sup>S</sup> HIAWASSEE RD., STE 201	
CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2813 S. HIAWASSEE RD., STE 201	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **4/28/05**      DAYTIME PHONE: **408-395-9515**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #