


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90005 026 ***150.00

DOCUMENT # P01000080390	
1. Entity Name DIAMOND ROAD, INC.	

Principal Place of Business 2243 CAIRNS CT. ORLANDO, FL 32835	Mailing Address 2243 CAIRNS CT. ORLANDO, FL 32835
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 901 Campisi Way
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 205

City & State Campbell CA	4. FEI Number 59-3743588	Applied For <input type="checkbox"/> Not Applicable
Zip 95008	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



05292008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent JOHNSON, DAVID 2243 CAIRNS CT. ORLANDO, FL 32835		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STAPP, SCOTT			NAME			
STREET ADDRESS	2243 CAIRNS CT.			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32835			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TREMONTI, MARK			NAME			
STREET ADDRESS	2243 CAIRNS CT.			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32835			CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PHILLIPS, SCOTT			NAME			
STREET ADDRESS	2243 CAIRNS CT.			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32835			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing 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 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 Date _____ Daytime Phone # _____