ANNUAL REPORT FILED **DOCUMENT # LO4000089804** Jun 08, 2005 08:00 AM Secretary of State 3 Diamonds Development, LLC Mailing Address Principal Place of Business 501 ST. JOHNS AVE. 501 ST. JOHNS AVE. PALATKA, FL 32177 PALATKA, FL 32177 No Chg-P CR2E034 (10/03) 04062005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2492538 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE CLARK, RONALD E ESQ. 501 ST. JOHNS AVE. PALATKA, FL 32177 IN THIS SPACE 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and idle if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE Joseph D. Scruggs NAME Post Office Box 1031 STREET ACCRESS CITY-ST-ZIP Palatka, FL 32178 ITTLE CLARK, RONALD E NAME STREET ADDRESS 501 ST. JOHNS AVE. CITY-ST-ZIP PALATKA, FL 32177 TITLE DST NAME James D. Andrews STREET ADDRESS DO NOT WRITE Post Office Box_1031 CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby conity that the information supplied with this filling 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 composition or the receiver of protecte 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 addition, with a following the empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/05 (386)3282778