


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90032 015 \*\*\*150.00

**DOCUMENT # P01000108755**

1. Entity Name  
**DIAMOND A CAPITAL, INC.**



Principal Place of Business      Mailing Address

**618 SW 53RD TER.  
 CAPE CORAL, FL 33914**      **COSTELLO, SIMS & ROYSTON  
 P.O. BOX DRAWER 60205  
 FORT MYERS, FL 33906**

**40025377**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

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

City & State      City & State

Zip      Country      Zip      Country

**JOHN M. WICKER, P.A.  
 P.O. DRAWER 60205  
 FORT MYERS, FL 33906**

01152008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For

**65-1154041**      Not Applicable

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

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**ROYSTON, ROBERT D JR.  
 12670 NEW BRITTANY BLVD., SUITE 101  
 FORT MYERS, FL 33907**

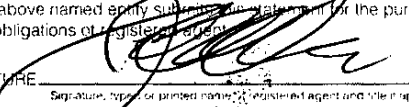
Name      **JOHN M. WICKER, P.A.**

Street      **12670 NEW BRITTANY BLVD., STE 101**

City      **FORT MYERS, FL 33907**

Zip Code

8. The above named entity subscribes to 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, the registered agent.

SIGNATURE:       DATE: **2/11/08**

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

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS |                                      | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|--------------------------------------|---|---|
| TITLE                      | DPST <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MARTIN, ANDREW M                     | NAME  |   |
| STREET ADDRESS             | 5 RED RIDGE CIRCLE                   | STREET ADDRESS  |   |
| CITY-ST-ZIP                | BARRINGTON, IL 60010                 | 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   |   |
| 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:  Andrew M. Martin      1/30/08      847-426-9042

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