

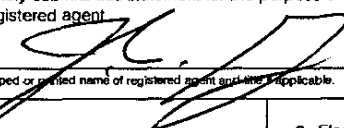
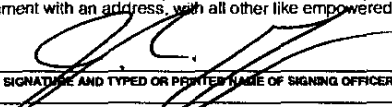


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90026 020 ***150.00

DOCUMENT # P02000023252 1. Entity Name DOUBLE DIAMOND HOLDINGS CORP					
Principal Place of Business 1213 OMAR ROAD WEST PALM BEACH, FL 33405			Mailing Address 1213 OMAR ROAD WEST PALM BEACH, FL 33405		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 1.2em; font-weight: bold;">94048081</div> 	
City & State		City & State		03302004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 04-3611458	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SOLOMON, J. C. 5704 GEORGIA AVENUE WEST PALM BEACH, FL 33405			7. Name and Address of New Registered Agent Name J. C. Solomon Street Address (P.O. Box Number is Not Acceptable) 5155 White Wood Way City Lake worth FL Zip Code 33467		
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 		J.C. Solomon		3-30-04	
Signature, typed or printed name of registered agent and fee applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLOMON, J. C. 5704 GEORGIA AVENUE WEST PALM BEACH, FL 33405	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	J.C. Solomon 1213 OMAR RD West Palm Bch FL 33405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLOMON, JAMES 5704 GEORGIA AVENUE WEST PALM BEACH, FL 33405	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	J.C. Solomon 1213 OMAR RD West Palm Bch FL 33405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAZIER, VINCENT L 570 E. MAIN STREET UNION TOWN, PA 15401	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		J.C. Solomon		561-514-4976	
Signature and typed or printed name of signing officer or director		Date		Daytime Phone #	

3-30-04