2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 25, 2007 08:00 AM DOCUMENT # P02000035923 **Secretary of State** DIAMOND P PROPERTIES, INC. Principal Place of Business Mailing Address 335 OAKHURST CIRCLE 335 OAKHURST CIRCLE KISSIMMEE, FL 34743 KISSIMMEE, FL 34743 01222007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PRATT, NANCY E DO NOT WRITE 335 OAKHURST CIRCLE KISSIMMEE, FL 34744 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. ΠŒ D PRATT, ALLAN NAME STREET ADDRESS 335 OAKHURST CIRCLE U00000603092 CITY-ST-ZIP KISSIMMEE, FL 34743 01/26/07-80117-013 150.00 PRATT, NANCY NAME STREET ADDRESS 335 OAKHURST CIRCLE CITY-ST-ZIP KISSIMMEE, FL 34743 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CiTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 addresse with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS

CHAPORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/07

407-846-0882

FILED