2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 28, 2005 08:00 AM Secretary of State DOCUMENT # P02000055284 1. Entity Name DIAMOND SERVICE GROUP, INC. Principal Place of Business = Mailing Address 4178 MANCHESTER LAKE DR LAKE WORTH FL 33467 _ 4178 MANCHESTER LAKE DR LAKE WORTH FL 33467 2. Principal Place of Business 3. Mailing Address Suite, Apt. # etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEi Number Applied For 01-0719007 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIAMOND, ALAN 4178 MANCHESTER LAKE DRIVE Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL 33467 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP HILE Delete TEFLE ☐ Change Addition DIAMOND, ALAN P NAME NAME STREET ADORESS 4178 MANCHESTER LAKE DR STREET ADDRESS CHY-SI-7IP LAKE WORTH FL 33467 CHY-SI-AP TITLE DS ☐ Delete BITTE ☐ Change i/000008278132 ☐ Addition NAME DIAMOND, ELAINE B NAME 03/28/05-80014-016 150.nn STREET ADDRESS 4178 MANCHESTER LAKE DR SIREET ADDRESS LAKE WORTH FL 33467 CITY-ST-ZIP CITY-ST-ZIP THE DHE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS. CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete HILE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-SI-ZIP TITLE ☐ Delete THE Change Addition NAME NAME STREET ADDRESS SURFEL ADDRESS CITY ST-7IP CITY-ST-ZIP TITLE Delete HHE Change ☐ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Diamond 3-24-05

FILED