2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 30, 2007 08:00 AN Secretary of State DOCUMENT # P02000055284 1. Entity Namo DIAMOND SERVICE GROUP, INC. Principal Place of Business Mailing Address 4178 MANCHESTER LAKE DR 4178 MANCHESTER LAKE DR LAKE WORTH FL 33467 LAKE WORTH FL 33467 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & Stato Applied For FEI Number 01-0719007 Not Applicable 7_{ID} Country 7ip 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 DIAMOND, ALAN Street Address (P.O. Box Number is Not Acceptable) 4178 MANCHESTER LAKE DRIVE LAKE WORTH FL 33467 Z_Ip 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 tifle it applicable. (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 %... Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Change TITLE ☐ Delele IIILE ☐ Addition U00000745239 DIAMOND, ALAN P NAME NAME 05/16/07-80020-017 150.00 4178 MANCHESTER LAKE DR STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33467 CITY-ST-ZIP CITY-ST-ZIP DS Delete TITLE DITE ☐ Change Addition DIAMOND, ELAINE B NAME NAME 4178 MANCHESTER LAKE DR STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33467 CITY-S1-ZIP CITY-ST-ZIP TATLE Delete ШЕ ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ☐ Delete Addition HILL HILE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP TITLE Addition ☐ Delete IIILE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal affect as if made under eath; 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.

FILED

SIGNATURE: Elay B. Diamond Elaine B. Diamond 42707 1-561 449-7799