2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 16, 2007 08:00 AN DOCUMENT # P03000024445 **Secretary of State** 1. Entity Name DIANE'S CREATIONS, INC. Principal Place of Business Mailing Address 2210-4 CORPORATE SQ. BLVD 2210-4 CORPORATE SQ. BLVD JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216 01242007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 34-1975101 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ELLIS, DIANE DO NOT WRITE 2210-4 CORPORATE SO BLVD JACKSONVILLE, FL 32216 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 9. Election_Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10, OFFICERS AND DIRECTORS חפ TITLE ELLIS, DIANE NAME STREET ADDRESS 2210-4 CORP, SQ BLVD CITY-ST-ZIP JACKSONVILLE, FL 32216 TITLE CEO ELLIS, DIANE '900000668807 STREET ADDRESS 2210-4 CORP SQ BLVD 03/27/07-80044-025 150.00 JACKSONVILLE, FL 32216 CITY-ST-ZIP TITLE ELLIS, JOHN NAME STREET ADDRESS 2210-4_CORP. SQ BLVD DO NOT WRITE CITY-ST-ZIP JACKSONVILLE, FL 32216 TITLE IN THIS SPACE ELLIS, JOHN NAME STREET ADDRESS 2210-4 CORP SQ BLVD CITY-ST-ZIP JACKSONVILLE, FL 32216 TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information inclicated on this report or supplier entail report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation or the receiver for trustee empowered by executed 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 entropyered.

SIGNATURE:

CITY-SI-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 15 2007

Date

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FILED

/ Days