


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 18, 2004 8:00 am**  
**Secretary of State**

06-18-2004 90003 011 \*\*\*550.00

<b>DOCUMENT # P03000039238</b>	
1. Entity Name <b>DIAMOND STAR HOMES, INC.</b>	

Principal Place of Business <b>4321 WALNUT BEND STE. 1-C JACKSONVILLE, FL 32257 US</b>	Mailing Address <b>4321 WALNUT BEND STE. 1-C JACKSONVILLE, FL 32257 US</b>
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**34057990**



2. Principal Place of Business <b>12627 San Jose Blvd Suite, Apt. #, etc. Suite 305</b>	3. Mailing Address <b>Same</b>
City & State <b>Jacksonville Fla</b>	City & State
Zip <b>32223</b>	Country
Zip	Country

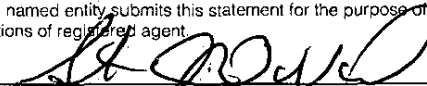
06032004 Chg-P CR2E034 (10/03)

4. FEI Number <b>20-0362171</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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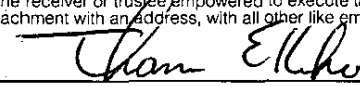
6. Name and Address of Current Registered Agent <b>MAY, RICHARD H 431 STOWE AVENUE ORANGE PARK, FL 32073</b>	
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7. Name and Address of New Registered Agent Name <b>Stephen J. DuVal</b> Street Address (P.O. Box Number is Not Acceptable) <b>428 Walnut Street</b> City <b>Green Cove Springs</b> FL Zip Code <b>32043</b>	
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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  DATE <b>6/16/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WATSON, BERT J 504 TIVOLI DR JACKSONVILLE, FL 32259</b> <input checked="" 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	<b>D KEEN, CLYDE 11355 BEAGLE LANE JACKSONVILLE, FL 32221</b> <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	<b>D KEHOE, TOM 4527 PRINCESS LABETH CT. JACKSONVILLE, FL 32258</b> <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	<b>D JOHNSON, TERRY 1483 FLOYD JOHNS RD JACKSONVILLE, FL 32234</b> <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	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	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:  DATE <b>6/7/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
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