

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90038 042 \*\*\*150.00

<b>DOCUMENT # P03000079394</b>					
<b>1. Entity Name</b> DIAMOND REGAL DEVELOPMENT, INC.					
<b>Principal Place of Business</b> 2108 SW 13TH ST GAINESVILLE, FL 32608			<b>Mailing Address</b> PO BOX 142395 GAINESVILLE, FL 32614-2395		
<b>2. Principal Place of Business</b> 2778 SW 92nd Drive Suite, Apt. #, etc.		<b>3. Mailing Address</b> 2778 SW 92nd Drive Suite, Apt. #, etc.			
<b>City &amp; State</b> Gainesville, FL Zip 32608 Country USA		<b>City &amp; State</b> Gainesville, FL Zip 32608 Country USA		<b>4. FEI Number</b> 01-0810469 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Chg-P CR2E034 (11/05)	
<b>6. Name and Address of Current Registered Agent</b> HOLDEN, CHARLES I JR 2772-S NW 43RD ST GAINESVILLE, FL 32606			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST ZADEH, JAFAR M 11715 W ATLANTIC BLVD, #8 CORRAL SPRINGS, FL 33705	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST ZADEH, JAFAR M. 2778 SW 92nd Drive Gainesville, FL 32608	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOU EI, GHOLAMHOSSEIN 2108 SW 13TH ST GAINESVILLE, FL 32608	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOU EI, GHOLAMHOSSEIN 2778 SW 92nd Drive Gainesville, FL 32608	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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
<b>12. I hereby 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 address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <i>Charles I Holden</i>			415/106		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		