

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000091000

1. Entity Name
DIAMOND COAST INVESTMENTS CORP.



**FILED
Mar 18, 2008 8:00 am
Secretary of State**

03-18-2008 90011 006 ***150.00

40047845



03122008 Chg-P CR2E034 (12/06)

Principal Place of Business
370 BUSH HILL COURT
LAKE MARY, FL 32746

Mailing Address

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
20-0173236

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRANIAS, JOHN S
370 BUSH HILL COURT
LAKE MARY, FL 32746

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City _____

FL 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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME CRANIAS, VICCI L
STREET ADDRESS 370 BUSH HILL COURT
CITY-ST-ZIP LAKE MARY, FL 32746

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES
NAME CRANIAS, JOHN S
STREET ADDRESS 370 BUSH HILL CT
CITY-ST-ZIP LAKE MARY, FL 32746

Change Addition

TITLE VP
NAME CRANIAS, JOHN S
STREET ADDRESS 370 BUSH HILL COURT
CITY-ST-ZIP LAKE MARY, FL 32746

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

SEC CRANIAS, VICCI L
370 BUSH HILL CT
LAKE MARY, FL 32746

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/12/08