

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000007287

FILED  
Apr 24, 2006  
Secretary of State

Entity Name: TRIPLE DIAMOND ENTERTAINMENT INC.

## Current Principal Place of Business:

3439 TECHNOLOGY DRIVE  
SUITE 3 & 4  
NOKOMIS, FL 34275

## New Principal Place of Business:

105 TRIPLE DIAMOND BLVD  
SUITE 101  
NORTH VENICE, FL 34275

## Current Mailing Address:

POST OFFICE BOX 1967  
NOKOMIS, FL 34274

## New Mailing Address:

PO BOX 1967  
NOKOMIS, FL 34274

FEI Number: 20-0570005

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BEACH, JAMES  
3439 TECHNOLOGY DRIVE  
SUITE 3 & 4  
NOKOMIS, FL 34275 US

## Name and Address of New Registered Agent:

WAGNER, E. JOHN  
200 S ORANGE AVE  
SARASOTA, FL 34236 US

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.

SIGNATURE: E. JOHN WAGNER

04/24/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HOSTETLER, PAUL E  
Address: 3439 TECHNOLOGY DRIVE, SUITE 3 & 4  
City-St-Zip: NOKOMIS, FL 34275

Title: TD (X) Delete  
Name: BEACH, JAMES  
Address: 3439 TECHNOLOGY DRIVE, SUITE 3 & 4  
City-St-Zip: NOKOMIS, FL 34275

Title: VP (X) Delete  
Name: BROWN, HAROLD  
Address: 3439 TECHNOLOGY DRIVE, SUITE 3 & 4  
City-St-Zip: NOKOMIS, FL 34275

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HOSTETLER, PAUL E  
Address: 105 TRIPLE DIAMOND BLVD, #101  
City-St-Zip: NORTH VENICE, FL 34275

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL E. HOSTETLER

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04/24/2006

Electronic Signature of Signing Officer or Director

Date