2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT_#_R04000016922 02-07-2005 90089 003 ***158.75 DEANGELIS - DIAMOND REAL ESTATE, INC. Principal Place of Business Mailing Address **5**0011098 -6635 WILLOW PARK DRIVE 6635 WILLOW PARK DRIVE NAPLES, FL 34109 NAPLES, FL 34109 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 01122005 City & State City & State 4. FEI Number Applied For 02=0111369 Not Applicable Country * Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NUNEZ, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 6635 WILLOW PARK DRIVE NAPLES, FL 34109 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition DEANGELIS, JOHN M NAME NAME STREET ADDRESS 2316 HARRIER RUN STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34105 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NUNEZ, WILLIAM NAME NAME STREET ADDRESS 6635 WILLOW PARK DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34109 David B. Diamond 28650 Altessa Way No. 201 TITLE ☐ Delete TITLE Change ☐ Addition DIAMOND, DAVID B NAME NAME STREET ADDRESS 9129 THE LANE STREET ADDRESS NAPLES, FL 34109 CITY-ST-7IP CITY-ST-ZIP Banita Sarinas, FL Delete TITLE TITLE Change --- - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ' TITLE ☐ Change ☐ Addition NAME . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 are squired 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.

FILED Feb 07, 2005 8:00 am