2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000116537

27315 POPIEL ROAD

BROOKSVILLE, FL 34602 US

Address: City-St-Zip: FILED May 03, 2005 Secretary of State

Entity Name: DIAMOND DUST, INC. **Current Principal Place of Business: New Principal Place of Business:** SUNRISE PLAZA, 31174 CORTEZ BLVD. BROOKSVILLE, FL 34602 **Current Mailing Address: New Mailing Address:** 27315 POPIEL ROAD BROOKSVILLE, FL 34602 US FEI Number: 20-1472685 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: USACCOUNTING OFFICE, INC. M & L ACCOUNTING 4815 E BUSCH BLVD STE 113 1389 HAULOVER AVENUE BROOKSVILLE, FL 33617 SPRING HILL, FL 34608 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: LOUIS J. MANSCOLES 05/03/2005 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PS () Delete () Change () Addition BROWN, LISA A Name: Name: 27315 POPIEL ROAD Address: Address: City-St-Zip: BROOKSVILLE, FL 34602 US City-St-Zip: () Delete Title: VP,D Title: () Change () Addition Name: BROWN, KEITH A Name: 8181 WISHBONE RD Address: Address: BROOKSVILLE, FL 34602 US City-St-Zip: City-St-Zip: Title: Title: DT () Delete () Change () Addition BROWN, LISA A Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: LISA A. BROWN P.S. 05/03/2005