

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000121222

FILED
May 19, 2005
Secretary of State

Entity Name: DIAMOND'S HOME IMPROVEMENT, INC.

Current Principal Place of Business:

5000 STACK BLVD.
SUITE A-2
MELBOURNE, FL 32901 US

New Principal Place of Business:

Current Mailing Address:

5000 STACK BLVD.
SUITE A-2
MELBOURNE, FL 32901 US

New Mailing Address:

FEI Number: 33-1100740 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROY A. ALTERMAN, P.A.
2115 PALM BAY ROAD
SUITE 1E
PALM BAY, FL 32905 US

Name and Address of New Registered Agent:

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: _____

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:

Title: P () Delete
Name: AGARD, MARK
Address: 1166 CAMAS AVENUE NW
City-St-Zip: PALM BAY, FL 32907 US

Title: VP () Delete
Name: AGARD, GILLIAN
Address: 1166 CAMAS AVENUE NW
City-St-Zip: PALM BAY, FL 32907 US

Title: SEC () Delete
Name: AGARD, GILLIAN
Address: 1166 CAMAS AVENUE NW
City-St-Zip: PALM BAY, FL 32907 US

Title: T () Delete
Name: AGARD, MARK
Address: 1166 CAMAS AVENUE NW
City-St-Zip: PALM BAY, FL 32907 US

Title: DIR () Delete
Name: AGARD, MARK
Address: 1166 CAMAS AVENUE NW
City-St-Zip: PALM BAY, FL 32907 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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.

SIGNATURE: GILLIAN AGARD

VP

05/19/2005

Electronic Signature of Signing Officer or Director

_____ Date