

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000169940**

1. Entity Name  
**DIAMOND HEAD INSURANCE & FINANCIAL SERVICES  
CORPORATION**



Principal Place of Business  
**624 ALLEN AVENUE  
DELRAY BEACH, FL 33483**

Mailing Address  
**624 ALLEN AVENUE  
DELRAY BEACH, FL 33483**

**DO NOT WRITE IN THIS SPACE**



05102006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-2433589** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**COLLINS, PAUL  
624 ALLEN AVENUE  
DELRAY BEACH, FL 33483**

**DO NOT WRITE  
IN THIS SPACE**

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  
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLLINS, PAUL 624 ALLEN AVENUE DELRAY BEACH, FL 33483
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U00000565008  
05/20/06-80101-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** *Paul L. Collins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/06 954-741-4433  
Date Daytime Phone #