

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90032 049 ***150.00

DOCUMENT # P05000002649

1. Entity Name
DIA-TRITION, INC.



Principal Place of Business
2609 SW 33 ST
UNIT 102, SUITE #2
OCALA, FL 34474 US

Mailing Address
2609 SW 33 ST
UNIT 102, SUITE #2
OCALA, FL 34474 US

60000861



2. Principal Place of Business
1601 N.E. 25th Ave
Suite, Apt. #, etc.
Suite 106
City & State
Ocala FL
Zip
34470
Country
US

3. Mailing Address
1601 N.E. 25th Ave
Suite, Apt. #, etc.
Suite 106
City & State
Ocala FL
Zip
34470
Country
US

01062006 Chg-P CR2E034 (11/05)

4. FEI Number
20-2128164

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SEMELKA, JOY E
2605 SW 33 ST
UNIT 102, SUITE #2
OCALA, FL 34474

7. Name and Address of New Registered Agent
Name
Semelka, Joy E.
Street Address (P.O. Box Number is Not Acceptable)
1601 NE 25th Ave
Suite 106
City
Ocala FL Zip Code
34470

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 *Joy E. Semelka* DATE 1-7-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEMELKA, JOY E 906 HICKORY RD OCALA, FL 34472 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Semelka, Joy E.</i> <i>906 Hickory Rd</i> <i>Ocala, FL</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUARTE, JENNIFER 3001 SW 24TH AVE, #702 <i>change to 905</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Duarte, Jennifer 3001 SW 24 th Ave, #905 Ocala, FL 34474 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUARTE, JENNIFER 3001 SW 24TH AVE, #702 <i>change to 905</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Duarte, Jennifer 3001 SW 24 th Ave #905 Ocala, FL 34474 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SEMELKA, JOY E 906 HICKORY RD OCALA, FL 34472 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joy E. Semelka* DATE 1-7-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR