

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90127 028 \*\*\*150.00

<b>DOCUMENT # P05000066170</b> 1. Entity Name <b>DIAMOND AIRCRAFT PILOTS/OWNERS ORGANIZATION, INC.</b>					
Principal Place of Business <b>8716 SKYMASTER DR. NEW PORT RICHEY, FL 34654</b>			Mailing Address <b>8716 SKYMASTER DR. NEW PORT RICHEY, FL 34654</b>		
2. Principal Place of Business <b>8630 REGAL LANE</b>		3. Mailing Address <b>8630 REGAL LANE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>HUDSON, FL</b>		City & State <b>HUDSON, FL</b>		4. FEI Number <b>20-2794734</b>	
Zip <b>34667</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DIETZ, LANCE 8716 SKYMASTER DR. NEW PORT RICHEY, FL 34654</b>		7. Name and Address of New Registered Agent Name <b>DIETZ, LANCE</b> Street Address (P.O. Box Number is Not Acceptable) <b>8630 REGAL LANE</b> City <b>HUDSON</b> <b>FL</b> Zip Code <b>34667</b>			
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 <i>x Lance A Dietz</i> <small>Signature, typed or printed name of registered agent and if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <i>x 2/26/06</i>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>DIETZ, LANCE 8716 SKYMASTER DR. NEW PORT RICHEY, FL 34654</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8630 REGAL LANE HUDSON, FL 34667</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> Delete <b>DIETZ, MARY ANN 8716 SKYMASTER DR. NEW PORT RICHEY, FL 34654</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8630 REGAL LANE HUDSON, FL 34667</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete <b>MULLER, CHRIS 8716 SKYMASTER DR. NEW PORT RICHEY, FL 34654</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8630 REGAL LANE HUDSON, FL 34667</b>	
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	
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: <i>x Lance A Dietz</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <i>x 2/26/06</i> Daytime Phone #	