## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 21, 2006 8:00 am Secretary of State 08-09-2006 90012 027 \*\*\*150.00

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DOCUMENT # P05000086266  1. Entity Name DIAMOND REAL ESTATE AND MANAGEMENT, INC.								08-09-20	006 90012	027 *	**150.00
1886 WENTWOOD COVE				Mailing Address 1886 WENTWOOD COVE LAKE MARY, FL 32746			1188888	ish Baliah Brito Basti Gasti Ba	 		- HITTI II IF <b>T</b> I
2. Principal Place of Business 3.				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			07112006	Chg-P	CR2E034	(11/05)	
City & State				City & State		4. FEI Numi		102	-	oplied For ot Applicable	
Zip	Country			Zip Cou		itry	5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Regis				stered Agent			7. Name an	d Address of New F	legistered Age	nt	
						Name				-	
LEVY, HOWARD 1 1886 WENTWOOD COVE				<del></del>	Street Address	Address (P.O. Box Number is Not Acceptable)					
LAKE MARY, FL 32746						Direct Addition (1.07, Don Harrison's Not Acceptable)					
						City			FI	Zip Cod	e
B. 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 acce											and accent
the obligations of registered agent.											
SIGNATURE											
Signature, typed or printed name of rogistered agent and labe if applicable (FIDTE: Registerion Agent signature required when reinstating) DATE											
FILE NOWIII FEE IS \$150.00  Due by September 6, 2006  9. Election Campaign Financing  Trust Fund Contribution.							.00 May Be ded to Fees	In accordance v corporation did	with s. 607.19 not receive th	3(2)(b), e prior r	F.S., the notice.
10.	0	OFFICERS	AND DIREC		11. 1971.E		ADDITIONS	/CHANGES TO OFF			
TILE D NAME LEVY, HOWARD			☐ Delete	1			Ļ	Change	Addition		
STREET ADDRESS 1886 WENTWOOD COVE				NAME STREET ADDRESS							
CIY-SI-ZIP LAKE MARY, FL 32746					·\$1-7P `						
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12. I hereby certify that the information supplied with this filling 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 office or of 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: × 7-30-06											
SIGNATURE:  SIGNATURE OF SIGNATURE OF SIGNING OFFICER OR DIRECTOR  Date  Date											
DATE PROPER											