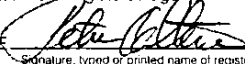


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 26, 2007 8:00 am**  
**Secretary of State**

07-26-2007 90030 018 \*\*\*150.00

<b>DOCUMENT # P05000147819</b> 1. Entity Name <b>DOUBLE DIAMOND CONSTRUCTION INC.</b>			
Principal Place of Business 10708 HIGH CREST COURT HOWEY-IN-THE-HILLS, FL 34737		Mailing Address 10708 HIGH CREST COURT HOWEY-IN-THE-HILLS, FL 34737	
2. Principal Place of Business - No P.O. Box # <b>827 21st Ave.</b> Suite, Apt. #, etc.		3. Mailing Address <b>827 21st Ave.</b> Suite, Apt. #, etc.	
City & State <b>New Smyrna Beach FL</b> Zip <b>32169</b> Country <b>USA</b>		City & State <b>New Smyrna Beach FL</b> Zip <b>32169</b> Country <b>USA</b>	
4. FEI Number <b>59-3824168</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CHAPMAN, JERRY F</b> <b>10708 HIGH CREST COURT</b> <b>HOWEY-IN-THE-HILLS, FL 34737</b>		7. Name and Address of New Registered Agent Name <b>Peter Coltune</b> Street Address (P.O. Box Number is Not Acceptable) <b>827 21st Ave.</b> City <b>New Smyrna Beach FL</b> Zip Code <b>32169</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  DATE <b>7/18/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES COLTUNE, PETER J 827 21ST AVE NEW SMYRNA BEACH, FL 32169 <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	SECR CHAPMAN, JERRY F 10708 HIGH CREST COURT HOWEY-IN-THE-HILLS, FL 10708 <input checked="" 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
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:  <b>President</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>7/18/07</b> Daytime Phone #	

40127200



07182007 Chg-P CR2E034 (12/06)