## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED May 17, 2007 8:00 am Secretary of State 04-26-2007 90224 036 \*\*\*150.00

Maring Address   Mari	DOCUMENT # P06000037165  1. Enlity Name DIAMOND BLUFF ESTATES, INC.										
Sulla, Apt. #, etc.  Sulla, Apt. #, etc.  Sulla, Apt. #, etc.  Sulla, Apt. #, etc.  City & Sulla  B. Name and Address of Current Registered Agent  Name  B. Name and Address of Current Registered Agent  Name  SAMA, ANTHONY L  219 OR RESERVE PARK TRACE, #9  PORT ST LUCIE, FL 34986  Total Registered Agent  FELL NOWILL FELL BIS 1100.00  Aptivities of Position of Position of Program agent Parts of Address of Company Presenting  The Company Presenting  Total Registered Agent  FELL NOWILL FELL BIS 1100.00  Aptivities of Position of Positio	2190 RESERVE PARK TRACE, #9 2190 RESERVE PARK							•			N <b>it</b> i ir ieri
City & Suits  A City & Suits  A Country  A Coun	2. Principal P	lace of Business - No f	P.O. Box #	3. Mailing Address							
Secretary   Secr	Suite, Apt. #, etc.			Suite, Apt. #, etc.			04232007	Chg-P	CR2E03	34 (12/06)	March 1
S. Celtricate of Signal Desiron  The Required  T. Name and Address of Eurenit Registered Agent  Name  SAMA, ANTHONY L  2190 RESERVE PARK TRACE, 89 PORT ST LUCIE, FL 34986  City  FL  Zip Code  City  FL  Zip						4. FEI Number	3-1728		No	t Applicable	
Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  6. The above named entity submits this statement for the purpose of changing is registered agent, or both, in the State of Portice. I am fermiliar with, and accept me obagations of registered agent.  SIGNATURE  FILE NOWIII FEE IS \$150.00  After Ray 1, 2007 Fee will be \$550.00  After Ray 1,	Zip -					itry	<u> </u>		المعبد السا	Fee Require	d
Serect Address (P.O. Box Number is Not Acceptable)    City											
8. The above named entity automist his statement for the purpose of changing is registered office or registered agent, or both, in the State of Poricia. I am familiar with, and accept the obligations of registered agent.    SICHATURE	2190 RESERVE PARK TRACE, #9					Street Address (	P.O. Box Numb	er is Not Acceptable	2)		
THE NOWITH FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  After May 1, 2007 Fee will be \$550.00  After May 1, 2007 Fee will be \$550.00  DEFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13  SAMA, ANTHONY L  SAMA, ANTHONY L  SIRE! ANDRESS  111/24 LANDS END CHASE  SIRE! ANDRESS  CIT-S1-IP  DORT ST LUCIE, FL 34983  CIT-S1-IP  DORT ST LUCIE, FL 34963  CIT-S1-IP  CIT-S1-IP  DORT ST LUCIE, FL 34963  CIT-S1-IP						City			FL	Zip Code	9
FILE NOWILL FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  After May 1, 2007 Fee will be \$550.00  Trust Fund Conrobution	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.										
After May 1, 2007 Fee will be \$50,00  Trust Fund Contribution  Added to Fees  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INIL  SAMA, ANTHONY L  SITRET ADDRESS  CITY-ST-IP  PORT ST LUCIE, FL 34988  CITY-ST-IP  PORT ST LUCIE, FL 34988  CITY-ST-IP  PORT ST LUCIE, FL 34985  CITY-ST-IP  FORT ST LUCIE, FL 349	SIGNATURE_	Signature, typed or onned nam	ne of registered agent a	d Agent signalure required	d when remeating)		DAFE				
TITLE NAME SAMA, ANTHONY L SAMA, ANTHONY L STREET ADDRSS CITY-ST-ZIP  TITLE VP MARE MURPHY, TODD M SIREET ADDRSS CITY-ST-ZIP  TITLE NAME STREET AD	FILE (104)(1) FEE 13 3 130.00										
SAMA, ANTHONY L SIREE ADDRESS	10.			ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11			
MMRE SIRET ADDRESS CITY-ST-7P PORT ST LUCIE, FL 34953 CITY-ST-7P CHANGE CITY-ST-7P CHANG	NAME STREET ADDRESS	SAMA, ANTHONY 11124 LANDS END	CHASE	☐ Delete	MAAN STRE	EET ADORESS				Change	Addition
TITLE  MAME SIREET ADDRESS SIREET ADDRESS CITY-S1-ZIP  MORGANVILLE, NJ 07751  INTLE MAME SIREET ADDRESS CITY-S1-ZIP  INTLE MAME SIREET	NAME STREET ADDRESS	MURPHY, TODD N 3158 SW ARMUCH	HER STREET	☐ Delete	NAN Stri	EET ADDRESS				☐ Change	Addition
INITE NAME STREET ADDRESS CITY-S1-ZIP  INITE NAME STREET	NAME STREET ADDRESS	S. T RUKIN, BARNETT 9 DOREE ROAD		Delete	SIR	IL EET ADORESS	<u></u>		•	Change	Addition
INILE MAME STREET ADDRESS CITY-ST-ZIP  INILE MAME STREET ADDRESS CITY-ST-ZIP  Delete ITILE MAME STREET ADDRESS CITY-ST-ZIP  Change Addition  Change Addition  Change Addition  The MAME STREET ADDRESS CITY-ST-ZIP  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 receiver of fusilee empowered to execute this report as required by Chapter 507, 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.	NAME STREET ADDRESS			☐ Delete	NAM STRI	IE Eef address			•	Change	Addition
INITE NAME SIREET ADDRESS CITY-ST-7IP  12. I hereby certify that the information supplied with this filing does not quality 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 office or director of the corporation or the receiver of fusitee empowered to secure 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 who an address, with all other like empowered.	TITLE NAME STREET ADDRESS			☐ Delete	TITL NAM STRI	E IE LET ADORESS	-			Change	Addition
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 of fusiee empowered to execute this report as required by Chapter 507, 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.	ITHE NAME STREET ADDRESS			☐ Deleta	TITL NAA STR	E RE EET ADDRESS				☐ Change	Addition
	indicated of the co changed	d on this report or supple rporation or the received , or on an attachment w	emental report is	true and accurate and that mend to execute this report with all other like empowered	my signa t as requ t,	iture shall have the ired by Chapter 50:	same tegal effer	ct as if made under es; and that my nam	oath; that I a le appears in	m an ollicer Block 10 or	or director Block 11 if