

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000037165

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: DIAMOND BLUFF ESTATES, INC.

## Current Principal Place of Business:

2190 RESERVE PARK TRACE, #9  
PORT ST LUCIE, FL 34986 US

## New Principal Place of Business:

529 NW PRIMA VISTA BLVD., SUITE 301B  
PORT ST LUCIE, FL 34983 US

## Current Mailing Address:

2190 RESERVE PARK TRACE, #9  
PORT ST LUCIE, FL 34986 US

## New Mailing Address:

529 NW PRIMA VISTA BLVD., SUITE 301B  
PORT ST LUCIE, FL 34983 US

FEI Number: 11-3772880

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAMA, ANTHONY L  
2190 RESERVE PARK TRACE, #9  
PORT ST LUCIE, FL 34986 US

## Name and Address of New Registered Agent:

SAMA, ANTHONY L  
529 NW PRIMA VISTA BLVD., SUITE 301B  
PORT ST LUCIE, FL 34983 US

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.

SIGNATURE: ANTHONY L SAMA

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P, D ( ) Delete  
Name: SAMA, ANTHONY L  
Address: 11124 LANDS END CHASE  
City-St-Zip: PORT ST LUCIE, FL 34986 US

Title: VP ( ) Delete  
Name: MURPHY, TODD M  
Address: 3158 SW ARMUCHER STREET  
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: S, T ( ) Delete  
Name: RUKIN, BARNETT  
Address: 9 DOREE ROAD  
City-St-Zip: MORGANVILLE, NJ 07751 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY L SAMA

PRES

04/29/2008

Electronic Signature of Signing Officer or Director

Date