

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2007 8:00 am**  
**Secretary of State**

07-16-2007 90128 006 \*\*\*550.00

<b>DOCUMENT # P06000119245</b> 1. Entity Name <b>DIAMONDBACK MINING COMPANY, INC.</b>			
Principal Place of Business <b>9605 S. MAGNOLIA OCALA, FL 34476</b>		Mailing Address <b>9605 S. MAGNOLIA OCALA, FL 34476</b>	
2. Principal Place of Business - No P.O. Box #  		3. Mailing Address <b>2301 SE 3rd Ave</b> Suite, Apt. #, etc. <b>Suite 300</b> City & State <b>Ocala, FL</b> Zip <b>34471</b>	
Suite, Apt. #, etc.  		Suite, Apt. #, etc.  	
City & State  		City & State  	
Zip  		Zip  	
Country  		Country  	
4. FEI Number <b>205558600</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BARBER, JON K 9605 S. MAGNOLIA OCALA, FL 34476</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2208 SE 24th St.</b> City <b>Ocala</b> <b>FL</b> Zip Code <b>34471</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 _____ <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 \$550.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P BARBER, JON K 9605 S. MAGNOLIA OCALA, FL 34476	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2208 SE 24th St.</b> <b>Ocala, FL 34471</b>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	V BARBER, MARY F 9605 S. MAGNOLIA OCALA, FL 34476	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	ST SHERMAN, RICHARD E 9605 S. MAGNOLIA OCALA, FL 34476	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2301 SE 3rd Ave #300</b> <b>Ocala, FL 34471</b>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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.			
<b>SIGNATURE:</b> _____ <b>6/19/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			