

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 24, 2008 8:00 am
Secretary of State

06-02-2008 90001 049 ***150.00

DOCUMENT # P07000012208 1. Entity Name BLUE DIAMOND SUNSET CORPORATION					
Principal Place of Business 1314 NEPTUNE DR BOYNTON BEACH FL 33426			Mailing Address 1314 NEPTUNE DR BOYNTON BEACH FL 33426		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 83-0475901	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KRUEGER, ROBERT 1314 NEPTUNE DR BOYNTON BEACH FL 33426				7. Name and Address of New Registered Agent Name ROBERT KRUEGER Street Address (P.O. Box Number is Not Acceptable) 7744 C:408A S1 LAKE WORTH 1 City LAKE WORTH FL Zip Code 33467	
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 <u><i>Robert E. Krueger</i></u> (NOTE: Registered Agent signature required when resigning) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D KRUEGER, ROBERT 1314 NEPTUNE DR BOYNTON BEACH FL 33426	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCHRAMKE, DOUG 1314 NEPTUNE DR BOYNTON BEACH FL 33426	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 807, 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: <u><i>Robert E. Krueger</i></u> 3/4/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					