2008 FOR PROFIT CORPORATION

FILED Jun 13, 2008 8:00 am Secretary of State

ANNUAL REPORT							Secretary or State			
DOCUMENT # P07000075046 1. Entity Name DIAMOND SERVICES BY FREDERICA INC							04-28-2008	3 90388 043 **	*150.00	
Principal Place of Business Mailing Address						7				
4292 SW 126TH AVENUE			4292 SW 126TH AVENUE				44400			
MIRAMAR, FL 33027			MIRAMAR, FL 33027 US			66014180				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address					11 N 10 871 8 M 16 8 10 M		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		04242008	Chg-P	CR2E034 (12/06	<u> </u>		
City & State			City & State			4. FEI Number 26 - 01	453644	<u> </u>	Applied For Not Applicable	
Zip	Country		Zip	Coun	try	5. Certificate of		\$8.75 A	dditional ed	
 	6. Name	and Address of Current	Registered Agent	7. Name and Address of New Registered Agent						
HOUSTON, FREDRICA					Name -					
4292 SW 126TH AVENUE MIRAMAR, FL 33027					Street Address (P.O. Box Number is Not Acceptable)					
					City			Zip Co	da	
,								FL Zip Co		
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										
Signature, typed or printed name of registered agent and late if applicable (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFI	CERS AND DIRECTO	RS IN 11	
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NAME	HOUSTON, FREDRICA			KAM	E					
STREET ADDRESS		126TH AVENUE			ET ADDRESS					
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12 I hereby	certify that el	he information conniced wit	h this filling does not qualify	or the ex	emotions contains	d in Chapter 119 i	Florida Statutes 1	hurther certify that the	information	
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 pay 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 line progression.										
SIGNATURE: 8 4/26/08										
SIGNATURE: (4) 4/26/08										