2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000000207

Entity Name: DIAMOND VISUAL INC.

Address:

City-St-Zip:

111 N CREST AVE

CLEARWATER, FL 33755 US

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 111 N CREST AVE. CLEARWATER, FL 33755 **Current Mailing Address: New Mailing Address:** PO BOX 8025 CLEARWATER, FL 33758 FEI Number: 26-4778090 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STRAUMANIS, JOHN 111 N CREST AVE CLEARWATER, FL 33755 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: **DPTS** (X) Change () Addition STRAUMANIS, JOHN Name: Name: STRAUMANIS, JOHN 111 N CREST AVE 111 N CREST AVE Address: Address: CLEARWATER, FL 33755 US City-St-Zip: CLEARWATER, FL 33755 US City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: STRAUMANIS, JOHN Name: 111 N CREST AVE Address: Address: CLEARWATER, FL 33755 US City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition STRAUMANIS, JOHN Name: Name: 111 N CREST AVE Address: Address: City-St-Zip: CLEARWATER, FL 33755 US City-St-Zip: Title: (X) Delete Title: () Change () Addition STRAUMANIS, JOHN Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: JOHN STRAUMANIS D 04/30/2009