## 2000 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 03, 2006 08:00 AM **Secretary of State** DOCUMENT # P93000043007 1. Entity Name DIANE MYERS, INC. Mailing Address Principal Place of Business 440 NE 8TH AVE 440 NE 8TH AVE FORT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33301 US No Chg-P CR2E034 (11/05) 03282006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0410397 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MYERS, DIANE 440 NE 8TH AVE FT LAUDERDALE, FL 33301 IN THIS SPACE 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) CATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME MYERS, DIANE 04,489080488353013-150-09 STREET ACCORESS 440 NE #8 AVE FT LAUDERDALE, FL 33301 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE City-St-Zir IN THIS SPACE 3J7)T NAME STREET ADDRESS CATY-ST-TIP DTLE

12. I hereby certify that the information supplied with this fiting does not quality 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.

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ROMATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER ON DIRECTOR

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FILED