

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000007432

FILED
Mar 31, 2006
Secretary of State

Entity Name: DIAMOND HOMES OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

4441 SOUTH TAMIAMI TRAIL
STE B
SARASOTA, FL 34231 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 21238
STE B
SARASOTA, FL 34276238 US

New Mailing Address:

FEI Number: 58-2154815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, MICHAEL
4441 SOUTH TAMIAMI TRAIL, STE B
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

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:

Title: DP () Delete
Name: JOHNSON, MICHAEL J
Address: P.O. BOX 21238 N/A
City-St-Zip: SARASOTA, FL 342764238

Title: D () Delete
Name: RHINEHEART, GARY R
Address: 2401 LAKE PARK DR STE 300
City-St-Zip: SMYRNA, GA 30080

Title: D () Delete
Name: TERRY, EDWARD L
Address: 2401 LAKE PARK DR STE 355
City-St-Zip: SMYRNA, GA 30080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: TERRY, EDWARD L
Address: 2401 LAKE PARK DR STE 355
City-St-Zip: SMYRNA, GA 30080 US

Title: VP/S (X) Change () Addition
Name: COLE, MARIE M VP/SEC
Address: 2401 LAKE PARK DRIVE, SUITE 355
City-St-Zip: SMYRNA, GA 30080 US

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: MARIE M. COLE

VP/S

03/31/2006

Electronic Signature of Signing Officer or Director

_____ Date