2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000085572

Entity Name: DIAMOND DESTINATIONS, INC.

FILED Apr 20, 2003 Secretary of State

Littly Nai	IIIE. DIAWON	D DESTINATIONS, INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
10730 US HIGHWAY 19 SUITE 2 PORT RICHEY, FL 34668 US			8226 KRISTEL CIRCLE PORT RICHEY, FL 346		
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	EST LAKE DR CHEY, FL 3466				
FEI Number	: 59-3342901	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
FEDOR, ROBERT 10730 US HIGHWAY 19 SUITE 2 PORT RICHEY, FL 34668 US			FEDOR, ROBERT 10422 US HIGHWAY 19 PORT RICHEY, FL 346		
	named entity e of Florida.	submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				04/20/2003	
	Electro	nic Signature of Registered Age	nt	Date	
	mpaign Financin S AND DIREC	g Trust Fund Contribution(). TORS:	ADDITIONS/CHANGE:	S TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (GRAZIAPLENE 8748 FOREST PORT RICHEY	LAKE DRIVE	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	VD (GRAZIAPLENE 8748 FOREST PORT RICHEY	LAKE DRIVE	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	STD (GRAZIAPLENE 8748 FOREST PORT RICHEY	LAKE DRIVE	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	VP (X KALLIS, NELS	.) Delete ON	Title: (Name:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MATT GRAZIAPLENE PD 04/20/2003

10730 US HIGHWAY 19, SUITE 2

PORT RICHEY, FL 34668

Address:

City-St-Zip: