

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P96000034526

FILED
Aug 06, 2007
Secretary of State**Entity Name:** DIAMOND DIABETIC SERVICES, INC.**Current Principal Place of Business:**509 TURNER LANE
BRADENTON, FL 34212 US**New Principal Place of Business:****Current Mailing Address:**509 TURNER LANE
BRADENTON, FL 34212 US**New Mailing Address:****FEI Number:** 65-0675348 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**SCARLETT, GARY
509 TURNER LANE
BRADENTON, FL 34212 US**Name and Address of New Registered Agent:**STEVENS, KAREN M
509 TURNER LANE
BRADENTON, FL 34212 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: KAREN M STEVENS

08/06/2007

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** P () Delete
Name: SCARLETT, GARY
Address: 509 TURNER LANE
City-St-Zip: BRADENTON, FL 34212**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: STEVENS, KAREN M
Address: 509 TURNER LANE
City-St-Zip: BRADENTON, FL 34212

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.

SIGNATURE: KAREN M STEVENS

P

08/06/2007

Electronic Signature of Signing Officer or Director_____
Date