FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P96000056934

FILED Apr 18, 2002 8:00 am Secretary of State 04-18-2002 90472 005 ***150.00

Daytime Phone #

EXCLUSIVELY DIAMON	D,INC
DO NOT WRITE IN THIS SPA	ACE 80069146
2. Principal Place of Business 2/20 - 58 Th AVE 2/20 - 58 Th	H-AVE
Suite, Apt. #, etc. # 206 Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State VERO BEACH, FL VERO BEA	Applied For Not Applicable Not Applicable
Zip 32966 - USA - 32966 -	Country 5. Certificate of Status Desired Fee Required 5. Fee Required
	7. Name and Address of Current Registered Agent Name
DO NOT WRITE	Street Address (P.O. Box Number is Not Acceptable)
IN THIS SPACE	
	City FL Zip Code
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. SIGNATURE DIA MOND M. MITCHELL, PLES IDENT JUMPS MULLEL 4/09/02 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required year required years	
Tax filing requirement and elects to do so. After May 1, Amended	y 1 Fee is \$150.00 , Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be UBR is \$61,25 Trust Fund Contribution. Added to Fees
11. OFFICERS AND DIRECTORS TITLE NAME MITCHELL, DIAMOND MARIE STREET ADDRESS 2/20-58 th AVE, # 206 CITY-ST-ZIP VERO BEACH FL 32966	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STARTER START
TITLE NAME STREET ADDRESS CHY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-SI-ZIP
TITLE NAME STREET ADDRESS* CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME. STREET ADDRESS CITY-SI-ZIP
13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or on an attachment with an address, with all other like empowered.	