2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000029253

Entity Name: THE DIOGENES COMPANY

SYLVESTRE, MICHAEL

2609 MILTON AVENUE

ERWIN, ROCHELLE

KISSIMMEE, FL 34741 US

1755 KING EDWARD DRIVE

KISSIMMEE, FL 34741 US

() Delete

Name:

Title:

Name:

Address:

City-St-Zip:

Address: City-St-Zip: FILED Jul 09, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 201 RUBY AVENUE KISSIMMEE, FL 34741 **New Mailing Address: Current Mailing Address:** 201 RUBY AVENUE KISSIMMEE, FL 34741 FEI Number: 59-3503720 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AMES, WILLIAM I JR 9 WESTCHESTER DRIVE KISSIMMEE, FL 347445826 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition AMES, WILLIAM I JR Name: Name: 9 WESTCHESTER DRIVE Address: Address: City-St-Zip: KISSIMMEE, FL 347445826 US City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: BRUNETTE, LEO Name: PO BOX 590 Address: Address: LACENTER, WA 98629 US City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition GOUIN, JEAN LOUIS Name: Name: 10112 QUIET WATER WAY Address: Address: City-St-Zip: JESSUP, MD 20794 US City-St-Zip: Title: VΡ () Delete Title: () Change () Addition FULWIDER, JOHN J PHD Name: Name: Address: PO BOX 479 Address: City-St-Zip: AMORY, MS 388210470 US City-St-Zip: Title: Title: () Delete () Change () Addition

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.

Name:

Title:

Name:

Address: City-St-Zip:

Address:

City-St-Zip:

above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM I AMES JR PD 07/09/2007

() Change () Addition