


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90350 050 \*\*\*158.75

DOCUMENT # P99000094111	
1. Entity Name DIA MANAGEMENT, INC.	

Principal Place of Business 5411 WEST TYSON AVE. TAMPA, FL 33611	Mailing Address 5411 WEST TYSON AVE. TAMPA, FL 33611
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**DO NOT WRITE IN THIS SPACE**



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3604529	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEARNEY, JOHN E SR  
5411 WEST TYSON AVE.  
TAMPA, FL 33611

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TOMION, JON 8310 W. GULF BLVD TREASURE ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO / President / Director KEARNEY, JOHN E SR 5411 W. TYSON AVE. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director MCCLOY, ALFRED A 5411 W. TYSON AVE. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST / Vice Pres / Director KEARNEY, JR., JOHN 5411 W. TYSON AVE. TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCLOY, ALFRED G 5411 W. TYSON AVE. TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** John E. Kearney 4/26/2004 813-431-4490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #