


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2007 08:00 A
Secretary of State

DOCUMENT # P99000100664 1. Entity Name E DIAMOND CORPORATION	
--	---

Principal Place of Business 26250 SUNDERLAND DR #7102 NAPLES, FL 34135 US	Mailing Address 26250 SUNDERLAND DR #7102 NAPLES, FL 34135 US
---	---

DO NOT WRITE IN THIS SPACE

03092007 No Chg-P CR2E034 (11/05)

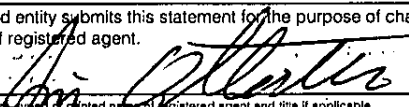
4. FEI Number 65-1001931	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**OTTERLEE, JIM
26250 SUNDERLAND DR
#7102
NAPLES, FL 34135**

**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  DATE **3-17-07**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

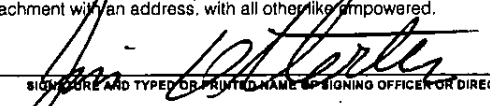
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COONS, JOHN 14100 TAMiami TRAIL EAST #400 NAPLES, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OTTERLEE, TIM 3278 TURTLE LAKE DRIVE MARIETTA, GA 30067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OTTERLEE, JIM 26250 SUNDERLAND DR #7102 BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

000000675142
03/30/07-80006-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE **3-17-07** 877-900-9390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR