


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P99000100664</b> 1. Entity Name <b>E DIAMOND CORPORATION</b>	
--	---

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

**DO NOT WRITE IN THIS SPACE**



02252008 No Chg-P CR2E034 (11/05)

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

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000850817 03/25/08-80013-015 150.00</b>
---	--	---

10. OFFICERS AND DIRECTORS

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

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:**  **3-5-08 239-947-9809**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #