


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # 504075 1. Entity Name DIVENTI, INC.	
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Principal Place of Business 3665 BEE RIDGE RD SUITE 310 SARASOTA, FL 34233	Mailing Address 3665 BEE RIDGE RD SUITE 310 SARASOTA, FL 34233
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DO NOT WRITE IN THIS SPACE



03162004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1663431	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCSWEENEY, ANINA C
3665 BEE RIDGE RD. #310
SARASOTA, FL 34233**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000105182 04/07/04-80015-022 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV THOMAS, DORA M.C. 3665 BEE RIDGE RD. #310 SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CARRION, JAIME S. 3665 BEE RIDGE RD. #310 SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCSWEENEY, ANINA C 3665 BEE RIDGE RD. #310 SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CARRION, JAIME R 3665 BEE RIDGE RD, #310 SARASOTA, FL 34233
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 exemption stated in Section 119.07(3)(f), 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 life empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-02-04
Date Daytime Phone #