





# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90065 031 \*\*\*150.00

<b>DOCUMENT # 504075</b> 1. Entity Name <b>DIVENTI, INC.</b>					
Principal Place of Business <b>3665 BEE RIDGE RD SUITE 310 SARASOTA, FL 34233</b>			Mailing Address <b>3665 BEE RIDGE RD SUITE 310 SARASOTA, FL 34233</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
					
			03012005 Chg-P CR2E034 (10/03)		
			4. FEI Number <b>59-1663431</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  <b>MCSWEENEY, ANINA C 3665 BEE RIDGE RD #310 SARASOTA, FL 34233</b>			7. Name and Address of New Registered Agent Name <b>Jaime S. Carrion</b> Street Address (P.O. Box Number is Not Acceptable) <b>3665 Bee Ridge Rd., #310</b> City <b>Sarasota</b> <b>FL</b> Zip Code <b>34233</b>		
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  <b>Jaime S. Carrion</b> <b>March 4, 2005</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV THOMAS, DORA M.C. 3665 BEE RIDGE RD. #310 SARASOTA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CARRION, JAIME S. 3665 BEE RIDGE RD. #310 SARASOTA, FL 34233	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCSWEENEY, ANINA C 3665 BEE RIDGE RD. #310 SARASOTA, FL 34233	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CARRION, JAIME R 3665 BEE RIDGE RD, #310 SARASOTA, FL 34233	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. C Carrion, Jaime S. 3665 Bee Ridge Rd, #310 Sarasota, FL 34233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V McSweeney, Anina C. 3665 Bee Ridge Rd. #310 Sarasota, FL 34233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b>  <b>Jaime S. Carrion</b> <b>3/4/05</b> <b>(941) 923-4551</b> <small>SIGNATURE AND CAPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					