

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000942

FILED
Sep 20, 2008
Secretary of State

Entity Name: DIVINE CONNECTIONS INCORPORATED

Current Principal Place of Business:

17520 NW 27TH CT
MIAMI GARDENS, FL 33056

New Principal Place of Business:

Current Mailing Address:

17520 NW 27TH CT
MIAMI GARDENS, FL 33056

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DOCUMENTS CENTER INC.
4050 NW 35TH WAY
LAUDERDALE LAKES, FL 33309 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROBINSON-THOMPSON, REGINA
Address: 17520 NW 27TH CT
City-St-Zip: MIAMI GARDENS, FL 33056

Title: V () Delete
Name: THOMPSON, JABRINA W
Address: 309 SW 12TH AVE
City-St-Zip: DANIA BEACH, FL 33004

Title: T () Delete
Name: THOMPSON, HENRY W
Address: 17520 NW 27TH CT
City-St-Zip: MIAMI GARDENS, FL 33056

Title: S () Delete
Name: CROSS, PANELLA
Address: 504 PHIPPEN RD #2
City-St-Zip: DANIA BEACH, FL 33004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY J. GILMORE

RA

09/20/2008

Electronic Signature of Signing Officer or Director

_____ Date