

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000116437

Entity Name: A DIVINE DESIGN, INC.

FILED  
Aug 28, 2008  
Secretary of State

**Current Principal Place of Business:**

5 CURVED CREEK WAY  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

5 CURVED CREEK WAY  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 02-0552643

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LIEDTKE, KATHY  
5 CURVED CREEK WAY  
ORMOND BCH, FL 32174 US

**Name and Address of New Registered Agent:**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LIEDTKE, KATHY C PRESIDE  
Address: 5 CURVED CREEK WAY  
City-St-Zip: ORMOND BEACH, FL 32174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY LIEDTKE

PRES

08/28/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date