


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000002858
 1. Entity Name
DIVACO, INC.



Principal Place of Business Mailing Address
455 S GULFVIEW BLVD **455 S GULFVIEW BLVD**
CLEARWATER BEACH, FL 33767 US **CLEARWATER BEACH, FL 34630**

DO NOT WRITE IN THIS SPACE



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3418486 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CONTI, CAMILLO
455 S GULFVIEW BLVD
CLEARWATER, FL 33767

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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 *Camillo Conti* DATE **4/21/05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

000000325504
04/23/05-80019-007 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CONTI, CAMILLO 455 S GULFVIEW BLVD CLEARWATER BEACH, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONTI, LIVIA 136 BAYSIDE DR CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONTI, DIANA 136 BAYSIDE DR CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONTI, VALERIA 136 BAYSIDE DR CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE: *Camillo Conti* **CAMILLO CONTI**, Date **4/20/05** Daytime Phone # **(727) 446-600**