


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000054859
1. Entity Name
DIVOSTA CHILDREN TRUST HOLDINGS, INC.



Principal Place of Business
4500 PGA BLVD, SUITE 207
PALM BEACH GARDENS, FL 33418

Mailing Address
4500 PGA BLVD, SUITE 207
PALM BEACH GARDENS, FL 33418

DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0930808

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
STEPHANOS, DIANE L
4500 PGA BLVD, SUITE 207
PALM BEACH GARDENS, FL 33418

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

**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

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------------|
| TITLE | DP |
| NAME | GALUI, JUDITH M |
| STREET ADDRESS | 4500 PGA BLVD, SUITE 207 |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33418 |
| TITLE | DVST |
| NAME | STEPHANOS, DIANE L |
| STREET ADDRESS | 4500 PGA BLVD, SUITE 207 |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33418 |
| TITLE | DV |
| NAME | DIVOSTA FLOYD, CATHY |
| STREET ADDRESS | 4500 PGA BLVD, SUITE 207 |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33418 |
| TITLE | DV |
| NAME | DIVOSTA, GUY M |
| STREET ADDRESS | 4500 PGA BLVD, SUITE 207 |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33418 |
| 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)(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, over an attachment with an address, with all other like empowered.

SIGNATURE: Judith M. Galui Judith M. Galui 3-24-05 561-691-9050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #