## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 27, 2007 08:00 All Secretary of State DOCUMENT # P99000054859 1. Entity Name DIVOSTA CHILDREN TRUST HOLDINGS, INC. Principal Place of Business Mailing Address 4500 PGA BLVD, SUITE 207 4500 PGA BLVD, SUITE 207 PALM BEACH GARDENS, FL 33418 PALM BEACH GARDENS, FL 33418 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03222007 Chg-P CR2E034 (12/06) Applied For 4. FEI Number City & State City & State 65-0930808 Not Applicable Country Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STEPHANOS, DIANE L Street Address (P.O. Box Number is Not Acceptable) 4500 PGA BLVD, SUITE 207 PALM BEACH GARDENS, FL 33418 City Zip Code 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\_ DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DP Change Addition TITLE ☐ Delete TITLE DW NAME GALUI, JUDITH M STREET ADDRESS STREET ADDRESS 4500 PGA BLVD, SUITE 207 CITY-ST-ZIP CITY-ST-7IP PALM BEACH GARDENS, FL 33418 DVST X Change Addition TITLE TITLE □ Delete DP NAME STEPHANOS, DIANE L NAME STREET ADDRESS STREET ADDRESS 4500 PGA BLVD, SUITE 207 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 TITLE X Change ☐ Addition TITLE ☐ Delete DST NAME DIVOSTA, CATHY STREET ADDRESS STREET ADDRESS 4500 PGA BLVD, SUITE 207 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 CITY-ST-ZIP U00000739469 Change TITLE TITLE Delete NAME DIVOSTA, GUY M NAME 05/14/07-80028-015 150.00 STREET ADDRESS STREET ADDRESS 4500 PGA BLVD, SUITE 207 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 CITY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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2. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

Cathy A. DiVosta 3/28/07 561/691-9050

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECT