


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 30, 2008 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



02222008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0930808	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. 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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000935118
 05/23/08 80059-013 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GALUI, JUDITH M 4500 PGA BLVD, SUITE 207 PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST STEPHANOS, DIANE L 4500 PGA BLVD, SUITE 207 PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DIVOSTA, CATHY 4500 PGA BLVD, SUITE 207 PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DIVOSTA, GUY M 4500 PGA BLVD, SUITE 207 PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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.

SIGNATURE: Judith M. Galui **Judith M. Galui** 3/19/08 561/691-9050
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #