2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 604949

1. Entity Name
DIVINE, BLALOCK, MARTIN & SELLARI, PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
560 VILLAGE BLVD SUITE 335 WEST PALM BEACH, FL 33409	560 VILLAGE BLVD SUITE 335 WEST PALM BEACH, FL 33409

DO NOT WRITE IN THIS SPACE

04042006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1498723
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARTIN, G. MICHAEL
560 VILLAGE BLVD SUITE 335
WEST PALM BEACH, FL 33409

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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 _____ DATE
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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DSTP
NAME	MARTIN, G. MICHAEL
STREET ADDRESS	560 VILLAGE BLVD #335
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	DV
NAME	SELLARI, GARY B
STREET ADDRESS	560 VILLAGE BLVD, #335
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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04/25/06-80005-011 150.00

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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: _____ 4/5/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #