

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000001040

FILED
Jan 12, 2006
Secretary of State

Entity Name: DIVINE CONNECTIONS CONSULTING, LLC

Current Principal Place of Business:

3912 W. VASCONIA STREET
TAMPA, FL 33929

New Principal Place of Business:

3912 W. VASCONIA STREET
TAMPA, FL 33629

Current Mailing Address:

3912 W. VASCONIA STREET
TAMPA, FL 33929

New Mailing Address:

3912 W. VASCONIA STREET
TAMPA, FL 33629

FEI Number: 20-2111057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULMER, JENNIFER N
3912 W. VASCONIA STREET
TAMPA, FL 33929 US

Name and Address of New Registered Agent:

FULMER, JENNIFER N
3912 W. VASCONIA STREET
TAMPA, FL 33629 US

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.

SIGNATURE: JENNIFER N. FULMER

01/12/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FULMER, JENNIFER N
Address: 3912 W. VASCONIA STREET
City-St-Zip: TAMPA, FL 33929

Title: MGR () Delete
Name: DOWNEY, ASHLY K
Address: 107 S. O'BRIEN # 117
City-St-Zip: TAMPA, FL 33609

Title: MGR () Delete
Name: SIVARD, SUSAN S
Address: 904 HARBOUR BAY DRIVE
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FULMER, JENNIFER N
Address: 3912 W. VASCONIA STREET
City-St-Zip: TAMPA, FL 33629

Title: MGR (X) Change () Addition
Name: DOWNEY, ASHLY K
Address: 18730 FOREST GLEN CT.
City-St-Zip: TAMPA, FL 33647

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JENNIFER N. FULMER

MGR

01/12/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date