



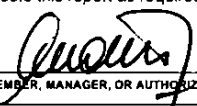
# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 04, 2007 8:00 am**  
**Secretary of State**

09-04-2007 90121 001 \*\*\*\*50.00  
09-04-2007 90121 002 \*\*\*\*\*5.00

**30012653**



<b>DOCUMENT # L06000115857</b>					
1. Entity Name <b>DIVINITY TOUCH, LLC</b>					
Principal Place of Business <b>524 CAMINO REAL COURT APT. D BRANDON, FL 33510</b>			Mailing Address <b>524 CAMINO REAL COURT APT. D BRANDON, FL 33510</b>		
2. Principal Place of Business - No P.O. Box # <b>524 CAMINO REAL COURT</b>			3. Mailing Address <b>524 CAMINO REAL COURT</b>		
Suite, Apt. #, etc. <b>APT D</b>			Suite, Apt. #, etc. <b>APT D</b>		
City & State <b>BRANDON (FL)</b>			City & State <b>BRANDON (FL)</b>		
Zip <b>33510</b>	Country <b>HILLSBOROUGH</b>	Zip <b>33510</b>	Country <b>HILLSBOROUGH</b>	4. FEI Number <b>51-0625281</b>	
5. Certificate of Status Desired. <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>MORENO, ALTAGRACIA 114 RUBY CIRCLE BRANDON, FL 33510</b>			7. Name and Address of New Registered Agent Name <b>MONICA PERALTA</b> Street Address (P.O. Box Number is Not Acceptable) <b>524-D CAMINO REAL COURT</b> City <b>BRANDON</b> FL Zip Code <b>33510</b>		
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 <b>MONICA PERALTA</b>  DATE <b>8/27/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PERALTA, MONICA D 524 CAMINO REAL COURT APT. D BRANDON, FL 33510	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 is true and accurate and that my 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: <b>MONICA PERALTA</b> 				Date <b>8/27/07</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	