


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000000173		
1. Entity Name DIVINE ENTITIES, INC.		
Principal Place of Business P. O. BOX 530081 ST. PETERSBURG, FL 33747		Mailing Address P. O. BOX 530081 ST. PETERSBURG, FL 33747
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BRINKLEY, ARLENE 2020 MELROSE AVE. ST. PETERSBURG, FL 33712		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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BRINKLEY, ARLENE J 2022 MELROSE AVENUE SOUTH SAINT PETERSBURG, FL 33712	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT BRINKLEY, MARLENE 5832 6TH LANE SOUTH #4 SAINT PETERSBURG, FL 33712	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRINKLEY, COLUMBUS 2022 MELROSE AVENUE S SAINT PETERSBURG, FL 33712	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 617, 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: <u>Arlene Brinkley</u> <u>April 27, 2006</u> <u>727 864-1103</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dwayne Phone #</small>		



04262006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3683084	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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05/13/06-80013-019 70.00

**DO NOT WRITE
IN THIS SPACE**