2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 03, 2006
Secretary of State

DOCUMENT# N00000007974

Entity Name: DIVINE MERCY INC.

Current Principal Place of Business:

12333 SW 112 STREET
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

12380 SW 125 TERRACE
MIAMI, FL 33186

New Mailing Address:

FEI Number: 65-1091694 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MATHELIER, EVELYN
12380 SW 125 TERRACE
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MATHELIER, EVELYN
Address: 12380 SW 125 TERRACE
City-St-Zip: MIAMI, FL 33186

Title: DV ( ) Delete
Name: KOUWENHOVEN, MONIQUE
Address: 12380 SW 125 TERRACE
City-St-Zip: MIAMI, FL

Title: D ( ) Delete
Name: CONDE, AUGUSTIN
Address: 11520 SW 122 PLACE
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete
Name: TWEH, OLABUNMI
Address: 12380 SW 125 TERRACE
City-St-Zip: MIAMI, FL 33186

Title: SD ( ) Delete
Name: MADELINE, O' CONNOR
Address: 10460 SW 204 TERRACE
City-St-Zip: MIAMI, FL 33189

Title: TD ( ) Delete
Name: LETICIA, SALMI
Address: 10034 SW 127 COURT
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVELYN MATHELIER P 07/03/2006

Electronic Signature of Signing Officer or Director — Date