2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010966

Entity Name: DIVA ANGELS, INC.

FILED Apr 13, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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7615 KAPOK DRIVE 4121 WAKE AVE. SARASOTA, FL 34241 SARASOTA, FL 34241

Current Mailing Address: New Mailing Address:

7615 KAPOK DRIVE 4121 WAKE AVE SARASOTA, FL 34241 SARASOTA, FL 34241

FEI Number: 20-2127522 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HERB, F. STEVEN 2070 RINGLING BOULEVARD SARASOTA, FL 34237 US

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D () Delete Title: D (X) Change () Addition

 Name:
 WOLAK, MARSHA
 Name:
 WOLAK, MARSHA

 Address:
 7615 KAPOK DRIVE
 Address:
 4121 WAKE AVE

 City-St-Zip:
 SARASOTA, FL 34241
 City-St-Zip:
 SARASOTA, FL 34241

Title: D () Delete Title: () Change () Addition

 Name:
 GOSLIN, SUSAN
 Name:

 Address:
 4115 65TH STREET EAST
 Address:

 City-St-Zip:
 BRADENTON, FL 34208
 City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 BRANDT, SANDRA
 Name:
 BRANDT, SANDRA

 Address:
 2457 APPALOOSA CIRCLE
 Address:
 105 COUNTRY MEADOW LN

 City-St-Zip:
 SARASOTA, FL 34240
 City-St-Zip:
 KINGS MTN, NC 28086

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: SANDRA BRANDT D 04/13/2007