2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000942

FILED Jul 24, 2009 Secretary of State

Entity Name: DIVINE CONNECTIONS INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

17520 NW 27TH CT MIAMI GARDENS, FL 33056

Current Mailing Address: New Mailing Address:

17520 NW 27TH CT MIAMI GARDENS, FL 33056

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

DOCUMENTS CENTER INC.
4050 NW 35TH WAY

DOCUMENTS CENTER INC.
811 SOUTH WEST 28TH AVE.

LAUDERDALE LAKES, FL 33309 US FORT LAUDERDALE, FL 33312 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: BETTY J. GILMORE 07/24/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: ROBINSON-THOMPSON, REGINA Name: ROBINSON, REGINA
Address: 17520 NW 27TH CT Address: 17520 NW 27TH CT

City-St-Zip: MIAMI GARDENS, FL 33056 City-St-Zip: MIAMI GARDENS, FL 33056

Title: V () Delete Title: () Change () Addition

 Name:
 THOMPSON, JABRINA W
 Name:

 Address:
 309 SW 12TH AVE
 Address:

 City-St-Zip:
 DANIA BEACH, FL 33004
 City-St-Zip:

Title: T () Delete Title: () Change () Addition

 Name:
 THOMPSON, HENRY W
 Name:

 Address:
 17520 NW 27TH CT
 Address:

 City-St-Zip:
 MIAMI GARDENS, FL 33056
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 CROSS, PANELLA
 Name:

 Address:
 504 PHIPPEN RD #2
 Address:

 City-St-Zip:
 DANIA BEACH, FL 33004
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BETTY J. GILMORE RA 07/24/2009