

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008435

FILED
May 08, 2009
Secretary of State

Entity Name: DIVINE PROTECTION CORP., INC.

Current Principal Place of Business:

8415 FOREST HILLS DR
207
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

8415 FOREST HILLS DR
207
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 26-3325197 FEI Number Applied For () 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:

PIERRE, WILFRID W
1133 BELLE MEADE ISLAND DR
MIAMI, FL 33138 US

Name and Address of New Registered Agent:

AUGUSTIN, ISMAEL
8 BILTMORE PLACE
PALM COAST, FL 32137 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: ISMAEL AUGUSTIN

05/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THOMAS, EDWINE
Address: 8415 FOREST HILLS DR #207
City-St-Zip: CORAL SPRINGS, FL 33065

Title: S () Delete
Name: JACQUES, MOLINA
Address: 9090 SW 1ST ROAD
City-St-Zip: BOCA RATON, FL 33428

Title: T () Delete
Name: GUEETCHEEN, ANTOINE
Address: 8415 FOREST HILLS DR #207
City-St-Zip: CORAL SPRINGS, FL 33065

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:

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: EDWINE THOMAS

P

05/08/2009

Electronic Signature of Signing Officer or Director

Date