2007 CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N12000009186

Entity Name: CREACION DIVINA, INC,

Current Principal Place of Business:

15220 SW 296TH STREET
LEISURE CITY, FL 33033

New Principal Place of Business:

Current Mailing Address:

15220 SW 296TH STREET
LEISURE CITY, FL 33033

New Mailing Address:

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

Name and Address of Current Registered Agent:

BARBOSA, JUANA
15220 SW 296TH STREET
LEISURE CITY, FL 33033 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BARBOSA, JUANA
Address: 15220 SW 296TH STREET
City-St-Zip: LEISURE CITY, FL 33033

Title: VD ( ) Delete
Name: ESCORCIA, BENJAMIN REV
Address: 313 S COMMERCIO
City-St-Zip: CLEWISTON, FL 33440

Title: TD ( ) Delete
Name: RIVERA, MIGUEL A REV
Address: 25375 S.W. 129 PL
City-St-Zip: PRINCETON, FL 33032

Title: SD ( ) Delete
Name: ALVARADO, SOTERA
Address: 312 WC OWENS
City-St-Zip: CLEWISTON, FL 33440

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUANA BARBOSA PD 04/30/2007

Electronic Signature of Signing Officer or Director — Date