2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# N97000003463

Entity Name: DI'S IMANI, INC.

Current Principal Place of Business:

3530-IST AVE. N.
208
ST. PETERSBURG, FL 33713 US

New Principal Place of Business:

Current Mailing Address:

3530-IST AVE. N.
208
ST. PETERSBURG, FL 33713 US

New Mailing Address:

FEI Number: 59-3444054 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, EVELYN
3530-1ST AVENUE N. #208
SAINT PETERSBURG, FL 33713 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:	ED	( ) Delete
Name:	SMITH, EVELYN V	
Address:	3530-1ST AVENUE N. #208	
City-St-Zip:	SAINT PETERSBURG, FL 33713	
Title:	CED	( ) Delete
Name:	HALL, LOUIS	
Address:	4623 - 83 TERR	
City-St-Zip:	PINELLAS PARK, FL 33781	
Title:	PD	( ) Delete
Name:	MALIN, L.A	
Address:	5917 SKINNER PT. BLVD S	
City-St-Zip:	SAINT PETERSBURG, FL 33707	
Title:	VP	( ) Delete
Name:	ALEXANDREWITZ, MARYLLLN	
Address:	59 PALM FOREST DR	
City-St-Zip:	LARGO, FL 337707411	
Title:	S	( ) Delete
Name:	HARDWICK, CAROLYN	
Address:	3600 29TH AVE, S	
City-St-Zip:	ST PETERSBURG, FL 33711	
Title:	T	( ) Delete
Name:	SANTOS, SUE	
Address:	12245- 3RD ST EAST	
City-St-Zip:	TREASURE ISLAND, FL 33706	

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 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 SMITH ED 04/27/2007

Electronic Signature of Signing Officer or Director — Date