

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003463

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: DI'S IMANI, INC.

## Current Principal Place of Business:

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

## Current Mailing Address:

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

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

## New Principal Place of Business:

3530-IST AVE. N.  
113  
ST. PETERSBURG, FL 33713 US

## New Mailing Address:

3530-IST AVE. N.  
113  
ST. PETERSBURG, FL 33713 US

## Name and Address of New Registered Agent:

SMITH, EVELYN  
3530-1ST AVENUE N. #113  
SAINT PETERSBURG, FL 33713 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:

04/30/2009

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: HARDWICK, CAROLYN  
Address: 3600 29TH AVE S  
City-St-Zip: ST PETERSBURG, FL 33711

Title: S ( ) Delete  
Name: SMITH, EVELYN  
Address: 3530 1ST AVE N  
City-St-Zip: ST PETERSBURG, FL 33713

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: ED (X) Change ( ) Addition  
Name: SMITH, EVELYN V  
Address: 3530-1ST AVENUE N. #113  
City-St-Zip: SAINT PETERSBURG, FL 33713

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 V. SMITH

ED

04/30/2009

Electronic Signature of Signing Officer or Director

Date