2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000104767

Entity Name: ABSOLUTELY DIVINE CATERING, INC.

FILED Apr 28, 2003 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
5732 NORMANDY BLVE	D.			
SUITE 5 JACKSONVILLE, FL 32	205			
Current Mailing Address:		New Mailing Address:		
5732 NORMANDY BLVE SUITE 5				
JACKSONVILLE, FL 32	205			
FEI Number: 11-3661171	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
ARMSTRONG, SONYA 5732 NORMANDY BLVI SUITE 5 JACKSONVILLE, FL 32				
The above named entity in the State of Florida.	submits this statement for the p	ourpose of changing its registered	I office or registered agent, or both,	
SIGNATURE:				
	Electronic Signature of Registered Agent		Date	

OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition ARMSTRONG, SONYA ARMSTRONG, SONYA Name: Name: 1591 LANE AVENUE SOUTH Address: 6655 DELTA POST DRIVE WEST Address: City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: JACKSONVILLE, FL 32244

Title: () Delete Title: (X) Change () Addition JACKSON, URSULA JACKSON, URSULA Name: Name:

Address: Address: 3311 CANCUN DRIVE EAST 7770 SPINDLETREE COURT JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32256 City-St-Zip: City-St-Zip:

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

Name: MOBOEY, CELESTIA Name: MOBLEY, CELESTIA

8142 SABLE WOOD DRIVE NORTH Address: 8142 SABLE WOODS DRIVE NORTH Address:

City-St-Zip: JACKSONVILLE, FL 32244 City-St-Zip: JACKSONVILLE, FL 32244

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. 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: URSULA JACKSON STD 04/28/2003