


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90180 049 ***150.00

DOCUMENT # P02000107377	
1. Entity Name DIVINE CREATIONS, INC.	

Principal Place of Business 4506 S. RENELLIE DRIVE TAMPA, FL 33611	Mailing Address PO BOX 13074 TAMPA, FL 33681-3074
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2. Principal Place of Business - No P.O. Box # 4601 W. KENNEDY BLVD.	3. Mailing Address PO Box 13074
Suite, Apt. #, etc. SUITE 219	Suite, Apt. #, etc.
City & State TAMPA, FLORIDA	City & State TAMPA, FL
Zip 33609	Country USA
Country USA	Zip 33681-3074



04162007 Chg-P CR2E034 (12/06)

4. FEI Number 43-1978956	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DIVECCHIO, VALERIE A 4506 S. RENELLIE DRIVE TAMPA, FL 33611	7. Name and Address of New Registered Agent Name DIVECCHIO, VALERIE A. Street Address (P.O. Box Number is Not Acceptable) 4601 W. KENNEDY BLVD. SUITE 219 City TAMPA FL Zip Code 33609
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Valerie A. Divecchio* **VALERIE A. DIVECCHIO** 4/16/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DIVECCHIO, VALERIE A		NAME DIVECCHIO, VALERIE A.	
STREET ADDRESS 4506 S. RENELLIE DR.		STREET ADDRESS 4601 W. KENNEDY BLVD., STE 219	
CITY-ST-ZIP TAMPA, FL 33611		CITY-ST-ZIP TAMPA, FL 33609	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Valerie A. Divecchio* **VALERIE A. DIVECCHIO** 4/16/07 813-839-5824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PRESIDENT