


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90061 013 ***150.00

DOCUMENT # P02000107377 1. Entity Name DIVINE CREATIONS, INC.																							
Principal Place of Business 4601 W. KENNEDY BLVD SUITE 219 TAMPA, FL 33609			Mailing Address P.O. BOX 13074 TAMPA, FL 33681-3074																				
2. Principal Place of Business - No P.O. Box # 3309 S. WESTSHORE BLVD.		3. Mailing Address Suite, Apt. #, etc. City & State TAMPA, FLORIDA																					
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Zip 33629		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																			
6. Name and Address of Current Registered Agent DIVECCHIO, VALERIE A 4601 W. KENNEDY BLVD SUITE 219 TAMPA, FL 33609			7. Name and Address of New Registered Agent Name DIVECCHIO, VALERIE A. Street Address (P.O. Box Number is Not Acceptable) 3309 S. WESTSHORE BLVD. City TAMPA FL Zip Code 33629																				
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 <u><i>Valerie A. Divecchio</i></u> PRESIDENT, VALERIE A. DIVECCHIO 3/19/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																				
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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: <u><i>Valerie A. Divecchio</i></u> PRESIDENT, VALERIE A. DIVECCHIO 3/19/08 813-839-5824 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																							