


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90195 006 ***150.00

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| DOCUMENT # P03000004977 |  |
| 1. Entity Name DIVOLD USA, INC. | |

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| Principal Place of Business TWO SOUTH BISCAYNE BLVD. ONE BISCAYNE TOWER, #2670 MIAMI, FL 33131 | Mailing Address 7400 S GATOR CREEK BLVD SARASOTA, FL 34241 |
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| 2. Principal Place of Business 8815 Blake Ct | 3. Mailing Address 8815 Blake Ct |
| Suite, Apt. #, etc. 113 | Suite, Apt. #, etc. 113 |
| City & State Sarasota FL | City & State Sarasota FL |
| Zip 34840 | Country USA |

40060000



03272006 Chg-P CR2E034 (11/05)

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| 4. FEI Number 14-1867762 | Applied For <input type="checkbox"/> Not Applicable |
| 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 MACDANIEL, JOHN M ESQ. TWO SOUTH BISCAYNE BLVD. ONE BISCAYNE TOWER #2670 MIAMI, FL 33131 | 7. Name and Address of New Registered Agent Name Yaron Devald Street Address (P.O. Box Number is Not Acceptable) 8815 Blake Ct City 113 Sarasota FL Zip Code 34840 |
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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.

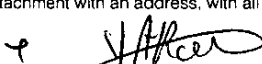
SIGNATURE  DATE **4/7/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES DEVALD, YARON PRESIDE 7400 S GATOR CREEK BLVD SARASOTA, FL 34241 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | pres Yaron Devald 8815 Blake Ct Sarasota, FL 34840 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  **Yaron Devald** **4/7** **941-348-6189**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #