2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000015808

1. Entity Name
DIVINE LOVE DESIGNS, INC.

Principal Place of Business	Mailing Address
2791 IRONDALE ST	2791 IRONDALE ST
DELTONA, FL 32738	DELTONA, FL 32738

DO NOT WRITE IN THIS SPACE

04282005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
33-1091799	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, PATRICIA A
2791 IRONDALE ST
DELTONA, FL 32738

DO NOT WRITE IN THIS SPACE

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 _____
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, 2005 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	CEO
NAME	WRIGHT, PATRICIA ANN
STREET ADDRESS	2791 IRONDALE ST
CITY-ST-ZIP	DELTONA, FL 32738

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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04/30/05-80042-007 150.00

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STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Patricia A. Wright* Patricia A. Wright 4/28/05 386-789-2527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #