2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State
05-04-2005 90139 003 ***158.75

DOCUMENT # P03000052905

1. Entity Name
DEVINE DESIGNS & ACCESSORIES INC.

Principal Place of Business	Mailing Address
1561 CRABAPPLE COVE CENTER JACKSONVILLE, FL 32225 US	1561 CRABAPPLE COVE CENTER JACKSONVILLE, FL 32225 US

04272005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1602 17th TERRACE NE	P.O. BOX 351615
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINTER HAVEN FL	City & State: JACKSONVILLE FL
Zip: 33881 Country: POLK	Zip: 32235 Country: DUVAL

4. FEI Number: 81-0641931 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DUNCAN, HAZEL B 1561 CORPORATE COURT CENTER JACKSONVILLE, FL 32225	Name: HAZEL B DUNCAN Street Address (P.O. Box Number is Not Acceptable): 1602 17th TERRACE NE City: WINTER HAVEN FL Zip Code: 33881

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] HAZEL B DUNCAN PRESIDENT 4/27/05
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DUNCAN, HAZEL B 1561 CRABAPPLE COVE CENTER JACKSONVILLE, FL 32225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HAZEL B DUNCAN 1602 17TH TERRACE NE WINTER HAVEN FL 33881	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BROWN, MILDRED J 1561 CRABAPPLE COVE CENTER JACKSONVILLE, FL 32225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MILDRED J BROWN P.O. BOX 351615 JACKSONVILLE FL 32235	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] HAZEL B DUNCAN 4/27/05 904-220-3665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #