## 2007 FOR PROFIT CORPORATION

## FILED ANNUAL REPORT Feb 16, 2007 08:00 AN Secretary of State DOCUMENT # P03000074943 DIVA PROPERTIES OF DISTINCTION, INC. Principal Place of Business Mailing Address 902 CLINT MOORE ROAD 902 CLINT MOORE ROAD **SUITE #146** SUITE #146 BOCA RATON, FL 33487 BOCA RATON, FL 33487 02122007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1195523 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MURRAY, DONNA P DO NOT WRITE 902 CLINT MOORE ROAD **SUITE #146** IN THIS SPACE BOCA RATON, FL 33487 3. 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 reinstalling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS MILE MURRAY, DONNA P NAME STREET ADDRESS 902 CLINT MOORE RD, STE 146 CITY-ST-ZIP BOCA RATON, FL 33487 NAME U000000637894 STREET ADDRESS 02/27/07-80008-003 150.00 CITY-ST-ZP MLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MILE IN THIS SPACE MALE STREET ADDRESS 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

SIGNATURE:

mr NAME STREET ADDRESS CTTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

ma Muray President 2/12/07