

**2006 FOR PROFIT CORPORATION  
- ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000083626**

1. Entity Name  
**DIVINE ELEGANCE PRODUCTIONS, INC.**



Principal Place of Business  
**1643 WILLOW OAK LN.  
SANFORD, FL 32773**

Mailing Address  
**P.O. BOX 953428  
LAKE MARY, FL 32795**



04152006 No Chg-P CRZE034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**51-0480869** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HINDS, MELISSA M  
1643 WILLOW OAK LN  
SANFORD, FL 32773**

**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 \_\_\_\_\_ (NOTE: Registered Agent Signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U00000524657  
05/03/06 00118-014 158.75**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	HINDS, MELISSA M
STREET ADDRESS	1643 WILLOW OAK LN.
CITY-ST-ZIP	ORLANDO, FL 32773
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *Melissa Hinds*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 19, 2006*  
Date Daytime Phone #