


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90022 012 ***155.00

DOCUMENT # P03000097396 1. Entity Name DIVERGENT THINKING INC.																							
Principal Place of Business 2625 WINDHAM CT DELRAY BCH, FL 33445			Mailing Address 2625 WINDHAM CT DELRAY BCH, FL 33445																				
2. Principal Place of Business 5005 PINEVIEW CIRCLE Suite, Apt. #, etc.		3. Mailing Address 5005 PINEVIEW CIRCLE Suite, Apt. #, etc.																					
City & State		City & State		4. FEI Number 90-0112080																			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																			
6. Name and Address of Current Registered Agent POLLOCK, BARRY 2625 WINDHAM CT DELRAY BCH, FL 33445				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																			
B. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																							
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. <input checked="" type="checkbox"/>																		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>2625 WINDHAM CT</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>DELRAY BCH, FL 33445</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	2625 WINDHAM CT		CITY - ST - ZIP	DELRAY BCH, FL 33445		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Delete																					
STREET ADDRESS	2625 WINDHAM CT																						
CITY - ST - ZIP	DELRAY BCH, FL 33445																						
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																					
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 an address, with all other like empowered.																							
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE: <i>Barry Pollock</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 20%; text-align: center;"> BARRY POLLOCK </div> <div style="width: 20%; text-align: center;"> 7/29/06 <small>Date</small> </div> <div style="width: 20%; text-align: center;"> 561 271 2100 <small>Daytime Phone #</small> </div> </div>																							

40100055



07202006 Chg-P CR2E034 (11/05)