


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000153374  
 1. Entity Name  
 DIVI ENTERPRISES, INC



Principal Place of Business      Mailing Address  
 1903 ORO CT                              1903 ORO CT  
 CLEARWATER, FL 33764                  CLEARWATER, FL 33764

**DO NOT WRITE IN THIS SPACE**



01212006      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
 20-0417515      Not Applicable

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

6. Name and Address of Current Registered Agent  
 PATEL, MADHUKANTA  
 1903 ORO CT  
 CLEARWATER, FL 33764

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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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

DATE: 02/10/06  
 UG0000412914  
 02/10/06-80067-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PATEL, MADHUKANTA
STREET ADDRESS	1903 ORO CT
CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X Madhu. Patel      X1-30-06      X727-581-4139  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #