


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 15, 2006 8:00 am**  
**Secretary of State**

05-15-2006 90040 024 \*\*\*150.00

<b>DOCUMENT # P04000122467</b> 1. Entity Name <b>DIVEN INVESTMENTS INCORPORATED</b>					
Principal Place of Business <b>2288 COMMERCIAL WAY</b> <b>SPRING HILL, FL 34606 US</b>			Mailing Address <b>PO BOX 6275</b> <b>SPRING HILL, FL 34611 US</b>		
2. Principal Place of Business <b>12458 SPRING HILL DR</b>		3. Mailing Address  			
Suite, Apt. #, etc.  		Suite, Apt. #, etc.  		05102006 Chg-P CR2E034 (11/05)	
City & State <b>SPRING HILL</b>		City & State <b>FLORIDA</b>		4. FEI Number <b>20-1531685</b>	
Zip <b>34609</b>		Country  		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MARCI, JAMES</b> <b>2288 COMMERCIAL WAY</b> <b>SPRING HILL, FL 34606</b>				7. Name and Address of New Registered Agent Name <b>JAMES W. DIVEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>12458 SPRING HILL DRIVE</b> City <b>SPRING HILL</b> <b>FL</b> Zip Code <b>34609</b>	
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: <u><i>[Signature]</i></u> <b>JAMES W. DIVEN PRESIDENT 5-01-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DIVEN, JAMES 13050 COOPER ROAD SPRING HILL, FL 34609	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>[Signature]</i></u> <b>JAMES W. DIVEN</b> <b>5-01-06</b> <b>352-683-4440</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					