05/01/06 14:33 FAX 5613627342 SBC FINANCIAL

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State
05-09-2006 90084 003 ***150.00

DOCUMENT # P04000146202

1. Entity Name
DEVINE DESIGN, INC.

Principal Place of Business	Mailing Address
1380 BOCCI COURT DELRAY BEACH, FL 33435	1380 BOCCI COURT DELRAY BEACH, FL 33435

Q00000

05012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0526630 ~~NOT APPLICABLE~~ ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	DO NOT WRITE IN THIS SPACE
TEMPLE, LEROY JR 1380 BOCCI COURT DELRAY BEACH, FL 33435	

7. 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: _____ DATE
(Typed name of person signing) (Florida registered agent signature required when changed)

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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TEMPLE, LEROY JR
STREET ADDRESS	1380 BOCCI COURT
CITY-ST-ZIP	DELRAY BEACH, FL 33435
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	
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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PRESIDENT 5-1-06 561-445-1049
SIGNATURE AND TYPED OR PRINTED NAME OF ELECTED OFFICER OR DIRECTOR — Date — Daytime Phone #