2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000020197

City-St-Zip:

CLEARWATER, FL 33761

FILED Apr 25, 2006 Secretary of State

Entity Name: DIVA N DUDE, INC. **Current Principal Place of Business: New Principal Place of Business:** 2644 SABAL SPRINGS DRIVE SUITE 1 27001 US HWY 19 N CLEARWATER, FL 33761 CLEARWATER, FL 33761 **Current Mailing Address: New Mailing Address:** 2644 SABAL SPRINGS DRIVE SUITE 1 CLEARWATER, FL 33761 FEI Number: 20-2300305 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. NEMIROVSKY, MAKSIM 1840 SW 22ND ST. 2644 SABAL SPRINGS DR. 4TH FLOOR MIAMI, FL 33145 US CLEARWATER, FL 33761 US 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. SIGNATURE: MAKSIM NEMRIOVSKY 04/25/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition NEMIROVSKY, MAKSIM Name: Name: 2644 SABAL SPRINGS DRIVE SUITE 1 Address: Address: City-St-Zip: CLEARWATER, FL 33761 City-St-Zip: Title: Title: () Delete () Change () Addition Name: NEMIROVSKY, ELENI Name: 2644 SABAL SPRINGS DRIVE SUITE 1 Address: Address: CLEARWATER, FL 33761 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition NEMI, GARY Name: Name: 2644 SABAL SPRINGS DRIVE SUITE 1 Address: Address

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: MAKSIM NEMIROVSKY PD 04/25/2006