

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000020197

Entity Name: DIVA N DUDE, INC.

FILED
Jan 18, 2008
Secretary of State**Current Principal Place of Business:**27001 US HWY 19 N
SUITE1036
CLEARWATER, FL 33761**New Principal Place of Business:****Current Mailing Address:**2644 SABAL SPRINGS DRIVE SUITE 1
CLEARWATER, FL 33761**New Mailing Address:**

FEI Number: 20-2300305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:NEMIROVSKY, MAKSIM
2644 SABAL SPRINGS DR.
#1
CLEARWATER, FL 33761 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:**Title: PD () Delete
Name: NEMIROVSKY, MAKSIM
Address: 2644 SABAL SPRINGS DRIVE SUITE 1
City-St-Zip: CLEARWATER, FL 33761Title: S (X) Delete
Name: NEMIROVSKY, ELENI
Address: 2644 SABAL SPRINGS DR. #1
City-St-Zip: CLEARWATER, FL 33761**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: MAKSIM NEMIROVSKY

PD

01/18/2008

Electronic Signature of Signing Officer or Director_____
Date