

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90163 042 \*\*\*150.00

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04252006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P05000062036</b> 1. Entity Name <b>DIVINE LEARNING SOLUTIONS, INC.</b>					
Principal Place of Business <b>1708 SPRING BRANCH DRIVE W JACKSONVILLE, FL 32221</b>			Mailing Address <b>1708 SPRING BRANCH DRIVE W JACKSONVILLE, FL 32221</b>		
2. Principal Place of Business		3. Mailing Address <b>7749 Normandy Blvd. Suite, Apt. #, etc. 145 # 301</b>			
City & State <b>JACKSONVILLE, FL</b>		City & State <b>JACKSONVILLE, FL</b>		4. FEI Number <b>20-2749636</b>	
Zip <b>32221</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TOWNSEND, NICOLE 1708 SPRING BRANCH DRIVE W JACKSONVILLE, FL 32221</b>			7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
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>Nicole Townsend</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u><i>4/27/06</i></u>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P TOWNSEND, NICOLE 1708 SPRING BRANCH DRIVE W JACKSONVILLE, FL 32221</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP TOWNSEND, NORRIS 1708 SPRING BRANCH DRIVE W JACKSONVILLE, FL 32221</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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>Nicole Townsend</i></u> <b>4/27/06</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		