

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000083627

1. Entity Name
DIVINE GLOBAL INVESTMENTS, INC.



FILED

06 SEP 19 AM 7:51

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
P. O. BOX 1418
WINDERMERE, FL 34786

Mailing Address
P. O. BOX 1418
WINDERMERE, FL 34786

2. Principal Place of Business
8825 LATREC AVE #107
Suite 107
Orlando, FL
32819
Country US

3. Mailing Address
P.O. Box 1418
Suite, Apt. #, etc.
City & State
Windermere, FL
Zip 34786
Country US



09152006 Chg-P CR2E034 (11/05)

4. FEI Number
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, NICHOLE H
8825 LATREC AVE. #107
ORLANDO, FL 32819

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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 *Nichole H. Johnson*
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE 9/15/2006

**FILE NOW!!! FEE IS \$150.00
Due by September 15, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	JOHNSON, NICHOLE H	
STREET ADDRESS	P.O. BOX 1415	
CITY-ST-ZIP	WINDERMERE, FL 34786	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	HANKERSON, ZANDREA L	
STREET ADDRESS	P. O. BOX 943	
CITY-ST-ZIP	WINDERMERE, FL 34786	
TITLE	TREA	<input type="checkbox"/> Delete
NAME	MASON, SHERRY V	
STREET ADDRESS	2532 CANTERBURY DR. NORTH	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	700080088187
CITY-ST-ZIP	09/22/06--01045--013 **150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nichole H. Johnson 9/15/2006 34786 34786-5352
Date Daytime Phone #