

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000094922

FILED  
Sep 23, 2008  
Secretary of State

Entity Name: DIVINE NETWORK GROUP, INC

## Current Principal Place of Business:

17801 NW 2ND AVENUE  
SUITE 207  
MIAMI, FL 33169

## New Principal Place of Business:

## Current Mailing Address:

17801 NW 2ND AVENUE  
SUITE 207  
MIAMI, FL 33169

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ACCURATE TAX & FINANCIAL SERVICES, INC  
17801 NW 2ND AVENUE  
SUITE 207  
MIAMI, FL 33169 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

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: OYEGUNLE, ADENIYI  
Address: 2317 NW 150 STREET  
City-St-Zip: MIAMI, FL 33054

Title: VP (X) Delete  
Name: STOKES, RODERICK  
Address: 16650 NW 27TH AVENUE  
City-St-Zip: MIAMI, FL 33054

Title: S (X) Delete  
Name: SEWELL, JOSEPH G  
Address: 255 NE 2ND DRIVE  
City-St-Zip: HOMESTEAD, FL 33030

Title: D (X) Delete  
Name: ISRAEL, GRACIUSE  
Address: 971 NW 202 STREET  
City-St-Zip: MIAMI, FL 33169

Title: D (X) Delete  
Name: BAYORO, APPOLINAIRE  
Address: 8490 NW 169 TERRACE  
City-St-Zip: MIAMI, FL 33016

Title: D (X) Delete  
Name: CROCKER, GAYLE  
Address: 10110 N MIAMI AVENUE  
City-St-Zip: MIAMI, FL 33150

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GABRIEL, MAX  
Address: 1131 NE 204TH ST  
City-St-Zip: MIAMI, FL 33179

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MAX GABRIEL

P

09/23/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date