

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