

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000073628

Entity Name: DIVANI, INC.

FILED
Jul 09, 2007
Secretary of State

Current Principal Place of Business:

1513 NOTTINGHAM KNOLL DR.
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

1513 NOTTINGHAM KNOLL DR.
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 13-4333885

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MATTHEWS, P R
6128 RALEIGH ST., SUITE 1103
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

MATTHEWS, P R
6128 RALEIGH ST., SUITE 1103
MAILING: BOX 616681, ORLANDO, FL 32861
ORLANDO, FL 32835 US

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:

07/09/2007

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: PD () Delete
Name: PERI, FRANCIS W
Address: 1513 NOTTINGHAM KNOLL DR.
City-St-Zip: JACKSONVILLE, FL 32225

Title: VD () Delete
Name: PERI, ADRIANNE E
Address: 321 BLAGDON CT.
City-St-Zip: JACKSONVILLE, FL 32225

Title: CFOS () Delete
Name: MATTHEWS, P R II
Address: BOX 616681
City-St-Zip: ORLANDO, FL 32861

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: PERI, ADRIANNE E
Address: 321 BLAGDON CT.
City-St-Zip: JACKSONVILLE, FL 32225

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

Title: GM () Change (X) Addition
Name: ELI, VITAL A
Address: 14550 ISLAND DRIVE
City-St-Zip: JACKSONVILLE, FL 32250

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: P R MATTHEWS

CFO

07/09/2007

Electronic Signature of Signing Officer or Director

Date