

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000071033

FILED
Jul 16, 2009
Secretary of State

Entity Name: HOUSE OF DIVINE INTERVENTION, INC.

Current Principal Place of Business:

536 SELINA STREET
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

536 SELINA STREET
PENSACOLA, FL 32503

New Mailing Address:

6343 MOBILE HWY.
PENSACOLA, FL 32526

FEI Number: 59-3793502

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENDERSON, KIRBY
536 SELINA STREET
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

HENDERSON, KIRBY M.
6343 MOBILE HWY.
PENSACOLA, FL 32526 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: KIRBY M. HENDERSON

07/16/2009

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: D () Delete
Name: HENDERSON, KIRBY
Address: 536 SELINA STREET
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HENDERSON, KIRBY
Address: 6343 MOBILE HWY.
City-St-Zip: PENSACOLA, FL 32526

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: KIRBY M. ENDERSON

D

07/16/2009

Electronic Signature of Signing Officer or Director

Date